



## Academic Forum Application

### Member Information

Institution:

Contact Name:

Address Line 1:

Address Line 2:

City/State/Zip:

### Contact for invoice and payment

Name:

Email:

**Representative/s: Designate 1-4 representatives according to your member type.** (must be an AMIA member)

#### Representative #1 (voting member)

#### Representative #2

Full Name:

E-mail:

#### Representative #3

#### Representative #4

Full Name:

E-mail:

**Full Program Membership:** Representatives may add their name to multiple special interest communities.  
**Single Program Membership:** Representatives may add their name to one special interest community.

#### Communities

#### Representative's Name

Baccalaureate Health Informatics Educators

Biomedical and Health Informatics Academic Leaders

Clinical Informatics Program Directors

Nursing Informatics Program Directors

Professional Master's Educators

Join/Renew: choose member type		Add AMIA Membership (if needed)	
AF Full Member	\$3,000	AMIA Regular Membership	\$400
AF Single Member	\$1,250	AMIA Student Membership	\$50

Full Member (\$3,000)	Single Program (\$1,250)
4 academic forum representatives; 1 vote; leadership opportunities*	1 academic forum representative; 1 vote; leadership opportunities*
4 special interest community slots*	1 special interest community slot*
4 20% discounts off AMIA meetings	1 20% discount off AMIA meetings
4 registrants to AF annual retreat	1 registration to annual retreat
Access to CIF match process	Access to CIF match process
50% exhibit discount	50% exhibit discount
Multiple programs listed in training program directory	One program listed in training program directory
Unlimited access to JAMIA Journal Club webinars	Unlimited access to JAMIA Journal Club webinars
* Representatives must be current AMIA individual members; registration discounts may be used for any AMIA event during the year	

AMIA reserves the right to use member-provided logos and/or likenesses in the AMIA Program Directory and membership materials.

Add additional AMIA Memberships (if applicable)

AF Membership Fee

AMIA Membership Fees Total

Total Due:

### Payment by Credit Card or ACH



To keep your credit card payment secure, we do not accept credit card payments via email or mail. Contact Kara Mathews at [kmathews@amia.org](mailto:kmathews@amia.org) or 301-657-1291 for credit card and ACH payment information.

### Payment by Check

Make check payable to: AMIA

#### Mail checks to:

American Medical Informatics Association Inc  
P. O. Box 412989  
Boston, MA 02241-2989

For questions, contact: Kara Mathews, Manager, Member Segments  
[kmathews@amia.org](mailto:kmathews@amia.org) | 301-657-1291