



## 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 Baccalaureate

#### Representative's Name

Baccalaureate Educators Community

Clinical Informatics Program Directors

Academic Leaders in Nursing Informatics

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
Exhibit space discount at AMIA conferences	Exhibit space discount at AMIA conferences
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