



2025 Academic Forum (AF) Membership Application

Institution: _____

Address Line 1: _____

Address Line 2: _____

City/State/Zip: _____

Select one: Institutional Membership

Single Program Membership

Institutional Academic Forum Membership (\$3,000)	Single Program Academic Forum Membership (\$1,250)
Your program appoints up to 4 representatives to represent your program in the forum (must be current AMIA Members)	Your program appoints up to 2 representatives to represent your program in the forum (must be current AMIA members)
1 Voting Member appointed by your program	1 Voting Member appointed by your program
May apply to up to 4 special interest community slots per representative	May apply to up to 2 special interest community slots per representative
Up to 4 registrants to AF annual retreat/ 1 per representative	Up to 2 registrants to annual retreat/ 1 per representative
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
Representatives must be AMIA individual members and will receive AMIA membership pricing for all AMIA programs, products and services. AMIA reserves the right to use member-provided logos and/or likenesses in the AMIA Program Directory and membership materials.	
<p>Representative/s: Please designate 1-4 representatives according to your AF membership type and select the Academic Forum Communities. (Representatives must be an individual AMIA member).</p> <ul style="list-style-type: none"> • Institutional Membership may appoint up to 4 AMIA membership representatives; Representatives may add their name to multiple special interest communities. • Single Program may appoint up to 2 AMIA membership representatives; Representatives may add their name to two special interest communities. 	
Representative #1 (voting member)	Representative #2
Full Name:	
Email:	
Select:	
<input type="checkbox"/> Baccalaureate Educators Community <input type="checkbox"/> Clinical Informatics Program Directors <input type="checkbox"/> Academic Leaders in Nursing Informatics <input type="checkbox"/> Professional Master's Educators	<input type="checkbox"/> Baccalaureate Educators Community <input type="checkbox"/> Clinical Informatics Program Directors <input type="checkbox"/> Academic Leaders in Nursing Informatics <input type="checkbox"/> Professional Master's Educators
Select:	
<input type="checkbox"/> Add AMIA individual membership fee \$400 <input type="checkbox"/> Representative is a current AMIA individual member	<input type="checkbox"/> Add AMIA individual membership fee \$400 <input type="checkbox"/> Representative is a current AMIA individual member


	Representative #3 (Institutional Only)	Representative #4 (Institutional Only)
Full Name:		
Email:		
Select:	<input type="checkbox"/> Baccalaureate Educators Community <input type="checkbox"/> Clinical Informatics Program Directors <input type="checkbox"/> Academic Leaders in Nursing Informatics <input type="checkbox"/> Professional Master's Educators	<input type="checkbox"/> Baccalaureate Educators Community <input type="checkbox"/> Clinical Informatics Program Directors <input type="checkbox"/> Academic Leaders in Nursing Informatics <input type="checkbox"/> Professional Master's Educators
Select:	<input type="checkbox"/> Add AMIA individual membership fee \$400 <input type="checkbox"/> Representative is a current AMIA individual member	<input type="checkbox"/> Add AMIA individual membership fee \$400 <input type="checkbox"/> Representative is a current AMIA individual member

Would you like to add additional AMIA student membership(s) to your Academic Forum application? If so, how many? _____
AMIA will provide special codes for you to share with your students to activate their student membership. You do not need to identify students on this form.

Contact for invoice and payment:
Name: _____ email: _____

Item	Amount
Academic Forum Membership Fee (Institutional: \$3,000 or Single Program: \$1,250)	
AMIA Individual Memberships from above QTY*\$400=	
Additional AMIA Student Membership(s) from above QTY*\$50=	
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. If you would like to pay via credit card in the AMIA portal, please be sure the correct billing contact's name and email is provided above, and you will be notified when an invoice is available for payment.

Contact Katy Sidwell at ksidwell@amia.org or 240-673-2633 for credit card payment over the phone 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: Katy Sidwell, Vice President, Interprofessional Activities
ksidwell@amia.org 240-673-2633