



Office use only		
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Data Entry	_____	_____

**THE AMERICAN ACADEMY OF ENVIRONMENTAL MEDICINE
7701 E. Kellogg, Suite 625, Wichita, KS 67207
(316) 684-5500 / Fax: (316) 684-5709**

MEMBERSHIP APPLICATION FORM INSTRUCTIONS

In order to avoid delays in processing your application, follow these instructions carefully.

- A) Please print legibly or type.
- B) All questions must be answered. Those not applicable should be marked "N/A".

1. Complete application with signature
2. Current Curriculum Vitae (if applicable)
3. Attach Photograph.
4. Enclose a check or money order for the Annual Dues (we also accept Visa & MasterCard)

Number _____ Expiration Date _____

<u>Membership Category</u>	<u>Annual Dues</u>
Domestic Membership (MD or DO)	\$430.00
International Membership (MD or DO)	\$285.00
Doctoral Members / Allied Health Professional Members	\$285.00
Medical Student/Intern or Resident	\$ 95.00
Community Members	\$285.00

6. Complete the legal questions (attached). Applications with unanswered questions will be returned to you for completion. If you answer YES to any of these questions, please provide a written explanation.
7. Return completed application including all attachments to address shown above.

MEMBERSHIP CATEGORIES

Physician members: Those members who have earned a recognized Doctorate Degree (M.D., D.O., or their international equivalents) in medicine and who possess a current license to practice medicine, issued by the applicable licensing authority; and who meet any additional requirements for individual membership as may be imposed by the Board of Directors from time to time.

Fellows: Those Physician members who, upon request, after successful completion of the requirements as determined by the Board of Directors, are accorded this title in recognition of their contribution to the Academy by action of the Board of Directors.

Doctoral Members: Those members who hold one of the following verifiable advanced professional degrees from an accredited educational institution: Ph.D.'s or D.Ed.'s in related fields, Doctors of Optometry or Audiology, Doctors of Pharmacy, Doctors of Dentistry, Doctors of Nursing, Doctors of Science, Doctors of Chiropractic, Doctors of Naturopathy, etc.

Allied Health Professional Members: Those members who hold one of the following professional degrees from an accredited educational institution including but not limited to Masters of Psychology and Social Work, Nurse Practitioners, Physician's Assistants (P.A.-C's), Registered Nurses, Graduate Level Dietitians and Nutritionists, and other non-doctoral professional degrees having a clinical component, and who meet any additional requirements for membership as may be imposed by the Board of Directors from time to time.

Community Members: Those community individuals and organizations interested in the American Academy of Environmental Medicine and Environmental Medicine principles, concepts and practices, and that meet any additional requirements for membership as may be imposed by the Board of Directors from time to time.

Corporate Members: Those organizations, qualified by the Board, that are interested in and supportive of the American Academy of Environmental Medicine and environmental medicine principles, concepts and practices, and which meet any additional requirements for membership as may be imposed by the Board of Directors from time to time.

Life Members: Those members who, upon request, after payment in lump sum of an amount equal to 15 times the amount of regular dues for that category of membership assessed in the year the request is made, are accorded the title of "Life Member" in their membership category by action of the Board of Directors.

Student/Resident Members: Are those members currently enrolled in an accredited medical educational institution.

Honorary members: Those persons or entities interested in furthering the purposes and goals of the American Academy of Environmental Medicine, and who have donated the sum of \$1,000.00 or more (or equivalent in property) to the Educational Fund of the American Academy of Environmental Medicine. These members are elected to Honorary Member status for one year after each donation, by action of the Board of Directors.

BOARD CERTIFICATION

1. Name of Board _____ Date _____
2. Name of Board _____ Date _____

PRACTICE

Primary Specialty _____
Secondary Specialty _____

MEDICAL LICENSURE

1) State _____ Certificate No. _____ Date of Renewal _____
2) State _____ Certificate No. _____ Date of Renewal _____
3) State _____ Certificate No. _____ Date of Renewal _____

TYPE OF PRACTICE

PROFESSIONAL SOCIETIES AND ORGANIZATIONS (including State and Local)

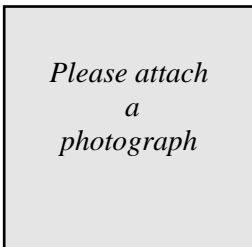
PLEASE ATTACH A COPY OF YOUR CURRICULUM VITAE, IF AVAILABLE.

PUBLICATIONS (Attach a separate sheet if necessary, and include reprints if available.)

PLEASE LIST AAEM ANNUAL MEETINGS AND INSTRUCTIONAL COURSES ATTENDED.

Have judgments or verdicts been made against you in professional liability cases? Yes___ No___
Has your license to practice medicine or any other health care profession in any jurisdiction ever been suspended or revoked? Yes___ No___
Have you ever been denied membership, or renewal thereof, or been subject to disciplinary action in any medical organization or any other health care profession? Yes___ No___

If any of the above answers are yes, please attach full particulars.



A check or money order payable in US funds must accompany this application.

	Annual Dues
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International Member (MD or DO)	\$285.00
Doctoral Member / Allied Health Professional Member	\$285.00
Medical Student/Intern or Resident	\$ 95.00
Community Members	\$285.00

I hereby authorize any inquiry to be made concerning any statement in this application.

SIGNATURE: _____ DATE: _____