



## Aerospace Medical Association

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[www.asma.org](http://www.asma.org)

### APPLICATION FOR MEMBERSHIP

OUR MEMBERSHIP APPLICATION IS AVAILABLE ONLINE. GO TO [www.asma.org](http://www.asma.org) AND CLICK ON "MEMBERSHIP"

Please Send CV or Bio to the Journal Department: [pdav@asma.org](mailto:pdav@asma.org)

You will automatically receive the electronic version of the journal with your membership. You can opt in to receive the Print Journal for an additional fee.

☐ I want to opt in for the print journal at \$100 per year (subscribe separately).

PLEASE PRINT – (Last Name, First Name, Middle Initial)

(Military Rank, Service, Corps)

(Degrees)

(Mailing Address)

(City, State, Zip, Country)

(Email address)

(Work Phone / Mobile Phone)

(Date of Birth)

(Gender)

(Area of Specialty)

Are you a physician? ☐ YES ☐ NO

#### MEMBERSHIP RATES\*: (check one)

- |   |       |
|---|-------|
| <input type="checkbox"/> Regular Membership               | \$280 |
| <input type="checkbox"/> Emeritus Membership <sup>1</sup> | \$50  |
| <input type="checkbox"/> Student <sup>2</sup>             | \$50  |
| <input type="checkbox"/> Resident <sup>3</sup>            | \$165 |
| <input type="checkbox"/> Allied Membership <sup>4</sup>   | \$50  |
| <input type="checkbox"/> Technician                       | \$130 |
| <input type="checkbox"/> Member & Spouse                  | \$500 |
| <input type="checkbox"/> 3-Year Membership                | \$780 |

#### PAYMENT METHOD:

☐ Visa ☐ Amex ☐ Discover ☐ MasterCard ☐ Diners

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

#### \*Electronic journal access only

<sup>1</sup>Must be 65 yrs old + 25 yrs of AsMA membership

<sup>2</sup>Requires proof of full-time student status

<sup>3</sup>Requires proof of Medical Residency

<sup>4</sup>Requires residence in Low Income or Low Middle Income country

(see list online: <https://www.asma.org/membership/individual>)

☐ Pay by Check Check Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Required for credit card transactions)

☐ Life Membership \$5,000 (Electronic journal)

Payment **MUST** be made by check

Please use this form and contact the AsMA Membership Department for details.

☐ Bank Transfer

**NOTE: all Bank Transfers must include a \$35.00 US processing fee**

**Please contact AsMA Membership Department at [skildall@asma.org](mailto:skildall@asma.org) for bank details**

**For United States Federal Income Tax purposes**, you can deduct as a charitable contribution the price of the membership renewal less the estimated cost of your ***Aerospace Medicine and Human Performance*** journal subscription. We estimate the cost to produce the journal to be \$100 per year. Any membership contribution in excess of \$100 per year is tax deductible.

**For Non-U.S. members**, the entire membership fee is related to the activities of the Aerospace Medical Association to improve the professional knowledge and practice of its members. This includes subscription to the Association's professional journal, itself part of the education effort of the Association.

**Specialties: Please select from the following list of specialties all that apply to you.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrative Medicine – physicians        | <input type="checkbox"/> Aerospace and Aviation Medicine      | <input type="checkbox"/> Aerospace Flight Nursing            |
| <input type="checkbox"/> Aerospace Human Factors & Human Engineering | <input type="checkbox"/> Aerospace Physiology                 | <input type="checkbox"/> Airline Medical Director            |
| <input type="checkbox"/> Allergy                                     | <input type="checkbox"/> Anesthesiology                       | <input type="checkbox"/> Aviation Medical Examiner           |
| <input type="checkbox"/> Biochemistry                                | <input type="checkbox"/> Bioengineering                       | <input type="checkbox"/> Biomedical Engineering              |
| <input type="checkbox"/> Biophysics                                  | <input type="checkbox"/> Cardiology or cardiovascular disease | <input type="checkbox"/> Certified in Aerospace Physiology   |
| <input type="checkbox"/> Dermatology                                 | <input type="checkbox"/> Development & Manufacturing Industry | <input type="checkbox"/> Diplomate, ABPM, Cert in Aero Med   |
| <input type="checkbox"/> Emergency Medicine                          | <input type="checkbox"/> ENT                                  | <input type="checkbox"/> Environmental Sciences              |
| <input type="checkbox"/> Epidemiology                                | <input type="checkbox"/> Family Practice                      | <input type="checkbox"/> Forensic Medicine                   |
| <input type="checkbox"/> Gastroenterology                            | <input type="checkbox"/> General Practice                     | <input type="checkbox"/> General Surgery                     |
| <input type="checkbox"/> Geriatrics                                  | <input type="checkbox"/> Hand Surgery                         | <input type="checkbox"/> Human Performance                   |
| <input type="checkbox"/> Human Systems Integration                   | <input type="checkbox"/> Hyperbaric Medicine                  | <input type="checkbox"/> Industrial or Occupational Medicine |
| <input type="checkbox"/> Industrial or Traumatic Surgery             | <input type="checkbox"/> Internal Medicine                    | <input type="checkbox"/> Legal Medicine                      |
| <input type="checkbox"/> Life Insurance Medicine                     | <input type="checkbox"/> Life Science                         | <input type="checkbox"/> Maxillofacial Surgery               |
| <input type="checkbox"/> Medical Anthropology                        | <input type="checkbox"/> Military Command                     | <input type="checkbox"/> Neurological Surgery                |
| <input type="checkbox"/> Neurology                                   | <input type="checkbox"/> Nuclear Medicine                     | <input type="checkbox"/> Nursing/Patient Transport           |
| <input type="checkbox"/> Obstetrics and Gynecology                   | <input type="checkbox"/> Occupational Diseases                | <input type="checkbox"/> Ophthalmology                       |
| <input type="checkbox"/> Optometry                                   | <input type="checkbox"/> Orthopedic Surgery                   | <input type="checkbox"/> Otolaryngology and Otology          |
| <input type="checkbox"/> Pathology                                   | <input type="checkbox"/> Pediatrics                           | <input type="checkbox"/> Pharmacology                        |
| <input type="checkbox"/> Physical Medicine & Rehabilitation          | <input type="checkbox"/> Physiology                           | <input type="checkbox"/> Plastic Surgery                     |
| <input type="checkbox"/> Preventive Medicine – General               | <input type="checkbox"/> Proctology                           | <input type="checkbox"/> Psychiatry                          |
| <input type="checkbox"/> Psychology                                  | <input type="checkbox"/> Public Health                        | <input type="checkbox"/> Pulmonary Disease                   |
| <input type="checkbox"/> Radiology & Roentgenology                   | <input type="checkbox"/> Research and Research Scientist      | <input type="checkbox"/> Rheumatology                        |
| <input type="checkbox"/> Space Medicine                              | <input type="checkbox"/> Sports Medicine                      | <input type="checkbox"/> Surgery                             |
| <input type="checkbox"/> Thoracic Surgery                            | <input type="checkbox"/> Toxicology                           | <input type="checkbox"/> Tropical Medicine                   |
| <input type="checkbox"/> Urology                                     |   |  |

**Please consider joining one or more of the following Constituent Organizations**

**<https://www.asma.org/about-asma/constituents>**:

- |  |  |
|--|--|
| <input type="checkbox"/> Aerospace Human Factors Association                       | <input type="checkbox"/> International Association of Military Flight Surgeon Pilots |
| <input type="checkbox"/> Aerospace Medicine Student and Resident Organization      | <input type="checkbox"/> Life Sciences & Biomedical Engineering Branch               |
| <input type="checkbox"/> Aerospace Nursing and Allied Health Professionals Society | <input type="checkbox"/> Society of NASA Flight Surgeons                             |
| <input type="checkbox"/> Aerospace Physiology Society                              | <input type="checkbox"/> Society of U.S. Air Force Flight Surgeons                   |
| <input type="checkbox"/> Airlines Medical Directors Association                    | <input type="checkbox"/> Society of U.S. Army Flight Surgeons                        |
| <input type="checkbox"/> American Society of Aerospace Medicine Specialists        | <input type="checkbox"/> Society of U.S. Naval Flight Surgeons                       |
|  | <input type="checkbox"/> Space Medicine Association                                  |