



Academic 2021 Forum Application

Member Information

Institution: _____

Contact Name: _____

Address Line1: _____

Address Line 2: _____

City/State/Zip: _____

Contact for invoice and payment

Name: _____	Email: _____
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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:	_____	_____

Each representative chooses one community (applicable to your job role)

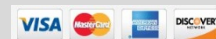
Communities	Representative's Name
Baccalaureate Health Informatics Educators	_____
Biomedical and Health Informatics Academic Leaders	_____
Clinical Informatics Program Directors	_____
Nursing Informatics Program Directors	_____
Professional Master's Educators	_____

Join/Renew: choose member type		Add AMIA Membership (if needed)	
AF Full Member	\$3,000	AMIA Regular Membership	\$380
AF Single Member	\$1,250	AMIA Student Membership	\$50

Full Member (\$3000)	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	

Add additional AMIA Memberships (if applicable)	AF Membership Fee	
	AMIA Membership Fees Total	
	Total Due:	

Payment types accepted: check, credit card, ACH
Make check out to: American Medical Informatics Association



CARD NUMBER

EXPIRE DATE		CVV	
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NAME ON CARD	
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Contact: Michelle Martin, Membership Program Manager michelle@amia.org 301.657.1291	Mail to: American Medical Informatics Association 4720 Montgomery Lane, Suite 500 Bethesda, Maryland 20814
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