

Membership Change Application



Applicant Information

Full Name _____ Date _____

Degree (check all that apply) MD PhD PharmD DO DSci DVM Other _____

Institution/Organization _____ Job Title _____

Mailing Address line 1 (no post office boxes please) _____

Mailing Address line 2 _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail *required for access to online journals* _____

Please choose the membership category you are applying for:

Please read the IDSA Membership Information brochure for details on membership requirements.
Annual membership dues include subscriptions to *The Journal of Infectious Diseases* and *Clinical Infectious Diseases*.

Advancement to Member

*IDSAs member-in-training (with current year's dues already paid) applying for full membership.
Nomination by an IDSA member or fellow and curriculum vitae is required.*

Name of nominating member or fellow* _____ Signature _____

* *The nomination must be by someone who currently is a member or fellow of IDSA. You cannot nominate yourself.*

Advancement to Emeritus

*Current IDSA member or fellow applying for emeritus status.
There are no annual dues for emeritus members who do not wish to receive *The Journal of Infectious Diseases* and *Clinical Infectious Diseases*.
Letter of request is required.*

Check if you wish to continue receiving *The Journal of Infectious Diseases* and *Clinical Infectious Diseases*.

Annual dues from the schedule below will be billed for journal mailings. Otherwise, no dues will be billed for future periods.

Domestic emeritus member (U.S.) [\$115]

International member/associate member

International emeritus member with subscription to print journals [\$160]

International emeritus member with subscription to electronic journals [\$80]

International emeritus member from a developing nation with subscription to print journals [\$105]

International emeritus member from a developing nation with subscription to electronic journals [\$25]



HIV Medicine Association (No additional costs)

IDSAs Members who devote a substantial portion of their professional activities to HIV/AIDS are automatically eligible for membership.

See www.hivma.org for more information.

Demographic Information

This information is useful to IDSA in helping us design programs that meet our members' needs.

Specialty, based on completion of an approved training program (physicians only; check one)

- Adult ID Internal Medicine Pediatric ID
 Family Practice Obstetrician/Gynecology Other _____

Primary employment affiliation (check one)

- Federal Government Military State/Local Government Private/Group Practice
 Hospital/Clinic Pharmaceutical/Biotech Industry University/Medical School Other _____

Professional activities (write "1" for primary and "2" for secondary)

- | | | |
|-----------------------------|-----------------------------|--------------------------|
| _____ Administration | _____ Clinical Research | _____ Public Health |
| _____ Basic Research | _____ Hospital Epidemiology | _____ Teaching/Education |
| _____ Clinical Microbiology | _____ Patient Care | _____ Other _____ |

Optional Information

This information is of value to IDSA in ensuring that leadership positions reflect the membership as a whole.

Sex

- Male Female

Birthdate

____/____/____

Race/Ethnicity

- American Indian/Native Alaskan White/Caucasian
 Native Hawaiian/Other Pacific Islander Black/African American
 Asian Other _____

Send no payment now.

All changes to membership status will be reflected on your next dues billing.

Each application for advancement to member must include a curriculum vitae.

Have Questions?

Contact IDSA Member Services at:
p (703) 299-0200 or toll-free at (888) 844-IDSA
f (866) 889-7318
e membership@idsociety.org
w www.idsociety.org

Send completed application and payment to:

IDSA Member Services
1300 Wilson Blvd., Suite 300
Arlington, VA 22209

or fax both pages to (866) 889-7318