

# New Member 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* \_\_\_\_\_

## Online Membership Directory

Check if you would like to be included in the online Member Directory.

Check if you would like your listing to include the same information above, if not please fill in alternate information.

Institution/Organization \_\_\_\_\_

Address line 1 \_\_\_\_\_

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*.

Member-in-Training

- Domestic member-in-training (U.S.) [ \$115 ]
- International member-in-training
  - Subscription to print journals [ \$160 ]
  - Subscription to print journals (from a developing nation) [ \$105 ]
  - Subscription to electronic journals [ \$80 ]
  - Subscription to electronic journals (from a developing nation) [ \$25 ]

Member or Associate Member

- Domestic member/associate member (U.S.) [ \$275 ]
- International member/associate
  - Subscription to print journals [ \$320 ]
  - Subscription to print journals (from a developing nation) [ \$105 ]
  - Subscription to electronic journals [ \$240 ]
  - Subscription to electronic journals (from a developing nation) [ \$25 ]

Date training began \_\_\_\_\_ Date training will end (required for members-in-training) \_\_\_\_\_


Name of training program director\* \_\_\_\_\_ Signature \_\_\_\_\_

\*If your training program director is not a member of IDSA, it is **required** that you also obtain nomination from an IDSA member or fellow.

Name of nominating member or fellow\*\* \_\_\_\_\_ Signature \_\_\_\_\_

\*\*Required if applying as a full member or member-in-training (if your training program director is not an IDSA member or fellow).

**HIV Medicine Association Membership (no additional costs)**

 IDSA Members who devote a substantial portion of their professional activities to HIV/AIDS are automatically eligible for membership. See [www.hivma.org](http://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**                      **Birthdate**  
 Male                       Female                      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race/Ethnicity**

- American Indian/Native Alaskan                       White/Caucasian                       Other \_\_\_\_\_  
 Native Hawaiian/Other Pacific Islander                       Black/African American  
 Asian                       Hispanic/Latino

**Payment Information**

**Dues in the amount of \$** \_\_\_\_\_

- Check enclosed**    Check Number: \_\_\_\_\_  
 **Please charge my**     MasterCard     VISA     Discover     American Express

-----  
**Credit card number**

**Expiration Date**

-----  
**Signature**

*Each application for 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](mailto:membership@idsociety.org)  
 w [www.idsociety.org](http://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