

# AIUM Student/Resident/Fellow Membership Application

## Eligibility for AIUM Student/Resident/Fellow Membership

Individuals must be enrolled in a full-time educational program, residency, or fellowship to be eligible for AIUM Student/Resident/Fellow Membership. **Verification of full-time enrollment or involvement must accompany application** and can be in the form of a letter from the department chief or other official document verifying status.

### Print or type.

Dr  Mr  Ms

Name \_\_\_\_\_ Degree \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Fax \_\_\_\_\_

Primary Address \_\_\_\_\_

City, State, Postal Code, Country \_\_\_\_\_

E-mail \_\_\_\_\_

This is my  home  work address.

Secondary Phone \_\_\_\_\_

Secondary Address \_\_\_\_\_

City, State, Postal Code, Country \_\_\_\_\_

This is my  home  work address.

Year of Birth \_\_\_\_\_ Gender:  female  male

Name of Educational Facility \_\_\_\_\_

Educational Program (Please check 1.)

- Abdominal Imaging  Breast Imaging  Emergency Medicine  Engineering/Physics  Maternal-Fetal Medicine  
 Medical School  Nursing  Ob/Gyn  Radiology  Residency  Sonography  Ultrasound Fellowship (International)  
 Vascular Imaging  Other: \_\_\_\_\_

Referred by: (name) \_\_\_\_\_  Program Director  Colleague/Friend  Other \_\_\_\_\_

## Student Membership Dues

Membership rates subject to change at year end. (Please check 1.)

- \$25 United States  
 \$70 Canada or Mexico  
 \$100 International (Outside North America)

## Payment

- Check enclosed payable to the AIUM in US dollars.  
 Credit Card  VISA  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Security Code \_\_\_\_\_ Credit Card Billing Address Postal Code \_\_\_\_\_

*(Three- or 4-digit value printed on the card or signature strip)*

Name of Cardholder, if Different From Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_

I have enclosed my student/fellow/resident verification.

\$ \_\_\_\_\_ Total Enclosed

You will receive your AIUM orientation package within 2-4 weeks. Membership services will begin the month dues are received and continue for 12 months. Membership dues are nonrefundable and nontransferable. AIUM dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

## Return to

AIUM, Attn: Membership  
14750 Sweitzer Ln, Suite 100  
Laurel, MD 20707-5906 USA

Phone 800-638-5352 or 301-498-4100

Fax 301-498-4450

E-mail membership@aium.org

Website http://www.aium.org



## Communities of Practice

Please indicate the communities with which you want to be affiliated (no additional cost).

- Basic Science and Instrumentation  
 Cardiovascular Ultrasound  
 Contrast-Enhanced Ultrasound  
 Emergency and Critical Care Ultrasound  
 Fetal Echocardiography  
 General and Abdominal Ultrasound  
 Gynecologic Ultrasound  
 High-Frequency Clinical and Preclinical Imaging  
 Interventional-Intraoperative Ultrasound  
 Musculoskeletal Ultrasound  
 Neurosonology  
 Obstetric Ultrasound  
 Pediatric Ultrasound  
 Sonography  
 Therapeutic Ultrasound

\* Which 1 community best reflects your primary interest area?

## Certifications

Please check all that apply.

### ARDMS Certifications

- Abdomen  
 Adult Echocardiography  
 Breast  
 Fetal Echocardiography  
 Neurosonology  
 Obstetrics/Gynecology  
 Ophthalmic Biometry  
 Ophthalmology  
 Pediatric Echocardiography  
 Physician's Vascular Interpretation  
 Vascular Technology

### Medical Board General and Subspecialty Certifications

- Anesthesiology  
 Critical Care Medicine  
 Diagnostic Radiology  
 Neuroradiology  
 Pediatric Radiology  
 Vascular and Interventional Radiology  
 Emergency Medicine  
 Family Practice  
 Internal Medicine  
 Cardiovascular Disease  
 Endocrinology  
 Gastroenterology  
 Nephrology  
 Rheumatology  
 Neurology  
 Nuclear Medicine  
 Obstetrics and Gynecology  
 Maternal and Fetal Medicine  
 Reproductive Endocrinology and Infertility  
 Ophthalmology  
 Orthopedic Surgery  
 Pediatrics  
 Physical Medicine and Rehabilitation  
 Podiatry  
 Sports Medicine  
 Surgery  
 Breast Surgery  
 Vascular Surgery  
 Urology  
 Other \_\_\_\_\_

Source Code: APSWE