

# AIUM Student, Resident, and Fellow Membership Application

## Eligibility for AIUM Student, Resident, and Fellow Membership

Individuals must be enrolled in a full-time educational program, residency, or fellowship. Complete application or join online at [www.aium.org](http://www.aium.org).

### Please print.

Dr  Mr  Ms  I have previously been a member of the AIUM

First Name *(required)* \_\_\_\_\_

Last Name *(required)* \_\_\_\_\_

Degree \_\_\_\_\_

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

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

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

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

*This is my*  home  work address.

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

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

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

*This is my*  home  work address.

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

Name of Educational Facility *(required)* \_\_\_\_\_

Program Director Name *(required)* \_\_\_\_\_

Phone \_\_\_\_\_

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  Vascular Imaging  
 Other \_\_\_\_\_

Referred by *(name)* \_\_\_\_\_

Program Director  Colleague/Friend  Other \_\_\_\_\_

### 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](mailto:membership@aium.org)

**Website** [www.aium.org](http://www.aium.org)

## Student, Resident, and Fellow Membership Dues

*(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 No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Card Security Code \_\_\_\_\_  
*(Three- or 4-digit value printed on the card or signature strip)*

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

Name of cardholder, if different from applicant name  
\_\_\_\_\_

Signature  
\_\_\_\_\_

- By submitting this form, I verify that the information I have provided is correct and that I am enrolled in a full-time educational program. I give permission for the AIUM to verify this information with my institution.

\$ \_\_\_\_\_ **Total enclosed**

*You will receive your orientation e-mail with information regarding your membership within 2 weeks of joining. Membership services will begin the month dues are received and continue for 12 months. Membership dues are nonrefundable, nontransferable, and are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.*



## AIUM Communities/Interest Groups

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

- Basic Science and Instrumentation  
 Cardiovascular Ultrasound  
 Contrast-Enhanced Ultrasound  
 Elastography  
 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  
 Ultrasound in Global Health Ultrasound  
 Ultrasound in Medical Education

Which 1 community/interest group best reflects your primary interest area?

## Certifications

Please check all that apply.

### ARDMS Certifications

- Abdomen  
 Adult Echocardiography  
 Breast  
 Fetal Echocardiography  
 Neurosonology  
 Obstetrics/Gynecology  
 Pediatric Echocardiography  
 Physicians Vascular Interpretation  
 Vascular Technology

### Medical Board General and Subspecialty Certifications

- Anesthesiology  
 Pain Medicine  
 Critical Care Medicine  
 Diagnostic Radiology  
 Neuroradiology  
 Pediatric Radiology  
 Vascular and Interventional Radiology  
 Emergency Medicine  
 Critical Care Medicine  
 Pediatric Emergency Medicine  
 Sports Medicine  
 Family Medicine  
 Sports Medicine  
 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  
 Pathology  
 Pediatrics  
 Physical Medicine and Rehabilitation  
 Pain Medicine  
 Sports Medicine  
 Podiatry  
 Sports Medicine  
 Surgery  
 Breast Surgery  
 Vascular Surgery  
 Urology  
 Other \_\_\_\_\_