



Institutional Membership

Institutional Membership is for hospitals and health care institutions, governmental, scientific, academic, philanthropic, and other non-profit organizations with an interest in medical instrumentation.

Complete Address Information

Please type or print your organization's name as it should appear in the online Membership Directory:

Name of Organization or Institution: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____

Fax: _____

Website Address: _____

Choose Your Dues Level Options!

Select your membership dues level. Representatives receive full membership benefits. Consider adding someone from every department: biomedical and clinical engineering, IT, central service, surgery, anesthesia, administration, nursing, radiology and others. Your membership dues cover a 12-month period. Renewal notices are mailed beginning two months prior to expiration.

- \$620 Three (3) Representatives
- \$800 Four (4) Representatives
- \$980 Five (5) Representatives
- \$1,145 Six (6) Representatives
- \$1,295 Seven (7) Representatives
- \$1,440 Eight (8) Representatives
- \$1,555 Nine (9) Representatives
- \$1,600 Ten (10) Representatives
- Add _____ Representatives @ \$165 for a total of \$_____.

Only available for members paying the \$1,600 level dues.

Please indicate your organization's primary business:

- Government Agency
- Hospital (Non-profit)
- Hospital (For-profit)
- Professional/Trade Association
- University
- Other (please specify _____)
- Standards Developing Organization

How many employees are in your department? _____

How many beds are in your facility/institution? _____



■ ■ ■ AAMI Products

Which of the following AAMI products, services, and benefits are you interested in? Check all that apply.

Publications & Online Opportunities

- AAMI News
- AAMI News Weekly
- Standards Monitor Online
- AAMI Discussion Groups (eForums)
- AAMI Website (www.aami.org)
- AAMI Horizons
- AAMI Biomedical Instrumentation & Technology (BI&T)
- Non-Standards Publications
- Standards Documents
- Career Advancement Opportunities (*job postings, resumes*)
- Online Consultants/Medical Technology Directory

Conferences/Meetings & Other Educational Opportunities

- Annual Conference & Expo
- Annual Conference to Exhibit Only
- AAMI Summits
- AAMI/FDA International Standards Conference
- ICC Certification (CBET, CRES, CLES)
- In-House Training Courses
- Quality Systems and Standards Courses
- Webinar/Distance Learning

Participation Opportunities

- AAMI Publications (*reviewing articles*)
- AAMI Publications (*writing articles*)
- Committee(s) Participation (*other than standards, TMC e.g., Awards Subcommittee, Editorial Board, etc.*)
- Mentor/Mentee Opportunities
- Networking Opportunities
- Safety Council Working Groups Participation
- Standards Development/Committee Participation
- Speaking at AAMI Events
- Technology Management/Committee Participation

Other (*please specify*) _____

■ ■ ■ Choose Payment Method

- Charge this to:
 - VISA MasterCard AMEX

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____

- Check is enclosed made payable to AAMI. (*Checks must be in U.S. funds drawn on a U.S. bank.*)
- Please bill me. Membership services will start when payment is received.

While contributions or gifts to AAMI are not tax deductible as charitable contributions for federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.

■ ■ ■ Submit Your Application Form



Call 800-332-2264, ext. 1214 (or 703-525-4890, ext. 1214 outside the U.S.), to charge your membership by phone.



Mail this application form along with your check or credit card information to: AAMI, P.O. Box 890694, Charlotte, NC 28289-0694.



Fax this application with credit card information to 703-525-1424.

Thank you for joining AAMI!

■ ■ ■ Parent Institution

Name: _____

Headquarters Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Contact: _____

Contact Phone: _____

Website Address: _____

■ ■ ■ Membership Representatives

Please list your full membership representatives below. Your "primary representative" will serve as the main contact person for your membership.

Use additional sheets if necessary.

Primary Representative

Provide Office Address/Phone/E-mail if different from above.

Name: _____

Title: _____

Phone: _____

Email: _____

Additional Institutional Representatives

Provide Office Address/Phone/E-mail if different from above.

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Additional Institutional Representatives

Provide Office Address/Phone/Email if different from reverse.

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Please list any additional employees, all of whom would be eligible for member discounts on AAMI products and services. Use additional sheets if necessary.



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