

NEW PROFESSIONAL MEMBERSHIP

Please complete both sides of this application.

1 Complete Address Information

Check here if you do not want the following information to be included in the online membership directory.

Name (first, middle, last) _____ E-mail address _____

Title _____

Degree(s)/Certification(s) (Please list academic degrees and/or professional certifications) _____

Employer (Company or Institution) _____

Work Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____

Home Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____

My preferred mailing address is (check one) Work Home

2 Select Type of New Professional Membership

Choose one of these membership options:

New Professional - Society Member \$35

Society _____

New Professional - Institutional Member \$35

New Professional - Unaffiliated \$100

Contact AAMI for a list of local, regional, and state societies for medical technology professionals that qualify for this program, or to verify that your employer is an AAMI Institutional Member. U.S. only.

About Your Membership

Your membership dues cover a 12 month period. A dues renewal notice will be mailed two months before your expiration date.

Individual membership is not transferable to another individual. Please notify us if you have a change of address so you can continue receiving your member benefits.

3 Choose Payment Method

Please charge this credit card:

Visa MasterCard American Express

Card Number _____

Expiration Date _____

Cardholder Name _____

Cardholder Signature _____

Check is enclosed made payable to AAMI

Checks must be in U.S. dollars and drawn on a U.S. bank

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.

4 Complete Reverse Side

Please complete the reverse side of this application before completing step 5.

5 Submit Application (please complete both sides of this application)

Call 1.800.332.2264, ext. 214 (or 703.525.4890, ext. 214 outside the U.S.) to charge your membership by phone.

Fax this application with credit card information to 703.525.1424.

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

Complete the online application at www.aami.org/membership and submit with credit card information.

Member Information

Please complete this form and return along with your new membership application. Your help in providing this information assists us by making sure you only receive communications from AAMI that are of interest and value to your area of work.

I am employed by (check ONE box only):

- Manufacturer (2)
- Distributor (3)
- Hospital (non-profit) (1)
- Hospital (profit) (17)
- Medical Practice (check only if not hospital or university-based) (7)
- Dialysis Center (13)
- Consulting Firm/Consultant (15)
- Multi-vendor/Independent Service Organization (16)
- Independent Research Laboratory (9)
- Reprocessor (18)
- Shared Engineering Service Company (8)
- Standards Developing Organization (19)
- Test house/Lab (14)
- Government Agency (5)
- University (4)
- Professional/Trade Association (12)
- Other (11)

- Engineer, Clinical (5)
- Engineer, Other (28)
- _____
- Information Systems (29)
- Nurse (10)
- Physician/Surgeon (11)
- Professor/Teacher (19)
- Quality Assurance (14)
- Regulatory Affairs (15)
- Research and Development (16)
- Sales & Marketing (17)
- Student (18)
- Technician (Please specify type) (20)
- _____
- Other (22)
- _____

- Dialysis (51)
- Education (8)
- Electromagnetic Compatibility (52)
- Equipment Design (53)
- Facilities Design/Planning (13)
- Failure Analysis (54)
- Imaging (55)
- Information Technology (43)
- Manufacturing (40)
- Materials Management (35)
- Operating Room (22)
- Patient Monitoring (56)
- Quality Assurance/Good Manufacturing Practices (25)
- Radiology (30)
- Regulatory/Legal Affairs (31)
- Repair and Maintenance (32)
- Reprocessing/Reusables (57)
- Research and Development (33)
- Risk Management (58)
- Sales and Marketing (34)
- Software Engineering (5)
- Sterilization (59)
- Technology Management (60)
- Other Medical Specialties (45)

My technical/professional interests are (check all that apply):

- Anesthesia (1)
- Artificial Organs (2)
- Biological Testing/Evaluation (47)
- Biomaterials (48)
- Biomedical Engineering (49)
- Biomedical Research (50)
- Cardiology (3)
- Cardiovascular Surgery (4)
- Clinical Engineering (46)
- Clinical Research (6)

- Other (22)
- _____
- Other (39)
- _____

Check ONE box which most closely defines your job function:

- Administration/Management (1)
- Biomedical Equipment Technician/Service Engineer (3)
- CEO/President/Executive Director (30)
- Central Supply (4)
- Consultant (6)
- Engineer, Biomedical (2)

We want to hear from you!

We are constantly looking for ways to bring more value to your AAMI membership. Please let us know if there are any products or services that would help you in your work in the medical device industry. Your ideas or suggestions help us develop additional benefits that would be of value to you as an AAMI member. Your input is greatly appreciated!

