



2020 Application-U.S.

Name (first, middle, last): _____

Title: _____

Employer: _____

Work Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: _____

Cellular/Mobile Phone: _____

Work Email Address: _____

Home Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____

Personal Email Address: _____

My preferred mailing address is (check one): Work Home

My preferred email address is (check one): Work Personal

Please list all your degree(s)/certification(s)/designation(s).

Which of the following best describes your current status?

Please select one response.

- Paid employee of a company or organization
- Self-employed
- Not currently employed, but seeking employment

Submit Your Application Form

Call 1-800-332-2264, ext. 1214 (or 1-703-525-4890, ext. 1214 outside the U.S.), to charge your membership by phone.

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

Fax this form with credit card information to 703-783-0705.

Email this form with credit card information to membership@aami.org.

Thank you for joining AAMI!

About Your Membership

AAMI offers health technology professionals three levels of individual membership with their own unique set of benefits.

Bronze level membership: \$100 per year

AAMI Connect Discussion Groups • Discounts • Online Publications • More!

Silver level membership: \$250 per year

AAMI Connect Discussion Groups • Additional Discounts • Print and Online Publications • More!

Gold level membership: \$495 per year

AAMI Connect Discussion Groups • Deepest Discounts • Print and Online Publications • More

Visit aami.org/membership for a complete list of benefits in each tier!

Choose Payment Method

U.S. Individual Membership Dues:*

For individuals located outside the U.S., please go to www.aami.org/membership to access the International Individual Application and dues rates.

Gold \$495/year Silver \$250/year Bronze \$100/year

Your membership dues cover a 12-month period.

AAMI Foundation Contribution** (Optional):

1. AAMI Foundation Unrestricted: \$ _____

2. The AAMI Foundation Scholarship Program: \$ _____

Grand Total: \$ _____

Check is enclosed made payable to AAMI. (*Checks must be in U.S. funds drawn on a U.S. bank.*)

Charge this to: VISA MasterCard AMEX

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____

* For U.S. Citizens only: Membership dues to AAMI are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.

**The AAMI Foundation is a 501(c)(3) tax exempt non-profit organization. The Foundation provides scholarships and conducts research on improving patient outcomes. All contributions are tax deductible to the full extent of U.S. law. A donation acknowledgment letter will be provided.

■ ■ ■ Tell Us About Yourself

Which of the following AAMI products and services are you interested in receiving information about?

Check all that apply.

Electronic Newsletters

- Standards Monitor Online
- Sterilization Today
- TechNews Net

Products, Publications, and Services

- AAMI Exchange and other events
- ACI Certification (CBET, CHTM, CISS, CRES)
- Career Center (*job postings, resumes*)
- Industry training for manufacturers
- Private, in-house training courses
- Standards and other guidance documents
- Volunteering with AAMI

What is your primary job function?

*Please select **one** response.*

- Central Supply
- CEO/President/Executive Management
- Compliance Management
- Consulting
- Education/Educator
- Engineer
 - Biomedical
 - Clinical
 - Human Factors
 - Quality
 - Product
 - Project
 - Software
 - Supplier Quality
 - Validation
- Healthcare Technology Management (HTM)
 - Biomedical Equipment Technician
 - Biomedical Supervisor/Coordinator/Dept. Manager
 - Imaging Equipment Service
- Information Systems
- Laboratory Management
- Microbiology
- Nursing
- Physician/Surgeon
- Quality Assurance
- Regulatory Affairs
- Research and Development
- Sales, Marketing & Communication
- Sterilization
 - Industrial
 - Healthcare

Other (*please specify*) _____

Please check your area(s) of expertise.

Check all that apply.

- Anesthesia & Respiratory Care
- Alarms/Patient Monitoring
- Artificial Intelligence
- Biological Evaluation
- Connectivity/Interoperability
- CAPA/Complaint Handling
- Dialysis
- Electromedical Equipment
- Healthcare Technology Management
 - Clinical Engineering
 - Repair & Maintenance
- Home Healthcare
- Human Factors/Usability
- Imaging/Radiology
- Implantable Devices
- Health Information Technology/IT
- Materials/Asset Management
- Quality Assurance
- Regulatory Affairs
- Reprocessing/Reusables
- Risk Management
- Sterilization
 - Industrial
 - Healthcare
- Wireless Technology

Other (*please specify*) _____

■ ■ ■ Refer a friend

If you have a colleague that may like to learn more about AAMI membership, please share their contact information below. The AAMI membership team will follow up with them.

Name (first, middle, last): _____

E-mail address: _____

Phone number: _____

■ ■ ■ We want to hear from you!

AAMI is always looking for ways to bring more value to members. Please share your ideas for new products or services that would help you in your work. Your input is greatly appreciated!

