



MEMBERSHIP APPLICATION

Also use for Membership Renewals

In an effort to equitably assess membership fees, the IAMSE Board of Directors has implemented the following three-tiered structure based upon each country's GNP per capita, as determined by the World Bank. A complete listing of countries may be found at: <http://www.worldbank.org/data/databytopic/class.htm>

Category 3 - High Income Countries (annual earnings greater than 9,361 U.S. Dollars)

Category 2 - Lower & Upper Middle Income Countries (annual earnings between 761 and 9,360 U.S. Dollars)

Category 1 - Low Income Countries (annual earnings less than 760 U.S. Dollars)

Please circle one option below:

	One Year		Two Year	
	Individual	Institutional *	Individual	Institutional*
Category 3	\$125	\$450	\$225	\$885
Category 2	\$85	\$255	\$150	\$495
Category 1	\$48	\$155	\$85	\$295
Student**	\$70	n/a	\$125	n/a
NVMO***	\$99	n/a	n/a	n/a

* Deans, Departmental Chairs, or equivalents may purchase Institutional Memberships which each provide 4 Individual Memberships. Those 4 individuals designated by the purchasing body will be listed in the Directory.

** Applications for Student Membership must be accompanied by a letter verifying this status from either your Professor (Graduate Students & Post-Docs) or Office of Student Affairs (Medical Students & Residents). Renewal must be verified annually.

*** If you are an active member of the NVMO and would like to join IAMSE for \$99, please circle this option.

Joint Memberships are available to the following organizations. Note that there will be a separate registration processed by these organizations. If you wish to become a joint member, please circle your choice(s):

AMEE: \$99

TBLC: \$99

PLEASE TYPE OR PRINT CLEARLY:

Name: _____ Degree: _____

Title: _____ Discipline: _____

University: _____ School: _____

Department: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Payment Method: [] Check is enclosed (Payable to IAMSE) [] Credit Card (Please fill out the attached Credit Card Authorization Form)

FAX RETURN to: +1-304-523-9701

EMAIL RETURN to: support@iamse.org

MAIL RETURN to:

IAMSE
c/o JulNet Solutions, LLC
3327B U.S. Route 60 East
Huntington, WV 25705

INTERNATIONAL ASSOCIATION OF MEDICAL SCIENCE EDUCATORS

3327B US Route 60 East * Huntington, WV 25705 U.S.A. * TEL: 1-304-522-1270 * FAX 1-304-523-9701



Credit Card Authorization Form

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State/Province: _____ Postal Code _____ Country: _____

E-Mail: _____

Tel: _____

Fax: _____

I _____ authorize the International Association of Medical Science Educators to charge the card stated above for _____

in the amount of _____ USD.

For additional information:

Email: support@iamse.org

Tel: 1.304.522.1270

Fax: 1.304.523.9701