

NAME (First/Given) \_\_\_\_\_ (Last/Family) \_\_\_\_\_ DESIGNATIONS \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION (Company or Affiliation to be used in member directory.) To opt out of directory, check here

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**MEMBER TYPE** *Membership Dues (in US dollars)*

- Doctoral Level (U.S. and Canada)  \$330
- Non-Doctoral (U.S. and Canada)  \$265
- International Member (outside U.S. and Canada)  \$200
- Trainee with Post-Advanced Degree  \$165
- Fellowship Trainee  \$165
- Resident  \$140
- Graduate Student  \$105
- Pre-baccalaureate student  \$75

**Donations**

*(For full fund descriptions, go to [www.adolescenthealth.org](http://www.adolescenthealth.org))*

- General Fund  \$ \_\_\_\_\_
- Student Travel Scholarships  \$ \_\_\_\_\_
- Career Development Award  \$ \_\_\_\_\_
- Advocacy Efforts  \$ \_\_\_\_\_
- Hofmann Visiting Professor in Adolescent Medicine and Health  \$ \_\_\_\_\_
- Litt Visiting Professorship in Adolescent Health Research  \$ \_\_\_\_\_
- GLBTQ Research Fund  \$ \_\_\_\_\_
- Robert H. DuRant, PhD Award for Statistical Rigor and Innovation in Adolescent Health Research  \$ \_\_\_\_\_

**Payment Enclosed: \$** \_\_\_\_\_

**Return this form with payment to:**  
**Society for Adolescent Health and Medicine**  
 39812 Treasury Center  
 Chicago, IL 60694-9800 USA  
 Credit card replies may be faxed to +1-847-686-2253 or emailed to: [info@adolescenthealth.org](mailto:info@adolescenthealth.org)

Once your membership application is processed, you'll receive an email with login information to access your SAHM account online. **Upon first logging on, please visit "Edit your profile" to complete some demographic information** – this data is analyzed anonymously to help SAHM assess our society-wide profile and diversity.

**PAYMENT INFORMATION**

Membership year is January 1 through December 31. Dues are billed on a calendar year. Dues are not prorated. Members will receive back issues of the Journal for the months prior to the join date of that membership year.

Less than 0.5% of dues are spent for lobbying expenses.

**Check** (make payable to the Society for Adolescent Health and Medicine)

- American Express**       **Discover**
- MasterCard**             **Visa**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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