Membership Application

Member Information

Name:______________________________ Gender: ☐ M ☐ F ☐ Other ☐ Choose not to disclose

DOB:___/___/____ Title:______________________________

Email:______________________________ Degree(s):______________________________

Work Phone:______________________________ Cell Phone:______________________________

Institution:______________________________

One or both of my parents (or whoever raised me) graduated from college ☐ Yes ☐ No ☐ Choose not to disclose

Membership Type

- ☐ Physician — $340
- ☐ Other Fam Med Educator — $235
- ☐ Coordinator Member — $160
- ☐ Associate Member — $160
- ☐ International Member — $160
- ☐ Fellow Member — $125
- ☐ Resident Member —$50
- ☐ Student Member — $0

Race (Check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ I choose not to disclose

Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Professional Role (Check all that apply)

- ☐ Behavioral/Social Science Specialist
- ☐ Coordinator/Admin/Manager
- ☐ Dean/Associate Dean
- ☐ Department/Vice Chair
- ☐ DIO
- ☐ Fellow
- ☐ Health Educator/Dietician
- ☐ Medical Student
- ☐ Med. Student Education/Clerkship Dir.
- ☐ Med. Student Education Faculty
- ☐ Nurse Practitioner
- ☐ Nurse/Medical Assistant
- ☐ Pharmacist
- ☐ Physician Assistant
- ☐ Practicing Physician
- ☐ Researcher
- ☐ Residency Dir./Associate Dir.
- ☐ Residency Faculty
- ☐ Resident
- ☐ Retired
- ☐ Other

Preferred Mailing Address ☐ Home ☐ Office

Address: ______________________________

City: ______________________________ State/Prov: ______________________________

Country:______________________________ Zip Code:______________________________

Method of Payment

Card Number:______________________________ Exp:______________________________

Card Holder's Name:______________________________ Card Type: ☐ Visa ☐ AMEX ☐ Mastercard ☐ Check

Email Receipt to:______________________________

Mail: Society of Teachers of Family Medicine, 11400 Tomahawk Creek Parkway, Suite 240, Leawood, KS 66211

Fax: 913.906.6096 **Email:** seggers@stfm.org **Questions?** Contact Sarah Eggers at 913.800.5650