



teach & transform

# 2022 Membership Application

## Member Information

Name: \_\_\_\_\_ Gender:  M  F  Other  Choose Not to Disclose

Title: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Opt-in for Text Messaging

Institution: \_\_\_\_\_

One or Both of My Parents (or Whoever Raised Me) Graduated From College  Yes  No  Choose Not to Disclose

## Membership Type

- Physician — \$370
- Other Family Medicine Educator — \$250
- Associate Member — \$165 Coordinator
- \$165
- International Member — \$165
- Fellow Member — \$125
- Resident Member — \$50
- Student Member — FREE

## Race (Check All That Apply)

- American Indian or Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black or African American
- White
- Choose Not to Disclose

## Ethnicity

- Hispanic, Latino
- Not Hispanic or Latino

## Professional Role? (Check all that apply)

- Behavioral/Social Science Specialist
- Coordinator/Administrative Staff
- Department Chair
- Fellow
- Health Educator/Dietician
- Medical Student  
- Anticipated Graduation Date \_\_\_\_\_
- Medical Student Education Director/  
Clerkship Director
- Medical Student Education Faculty
- Nurse Practitioner
- Nurse/Medical Assistant
- Pharmacist
- Physician Assistant
- Practicing Physician
- Researcher
- Residency Director
- Residency Faculty
- Resident  
- Anticipated Graduation Date \_\_\_\_\_
- Retired
- None of the Above

## Preferred Mailing Address Home Office

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Method of Payment

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Type:  Visa  AMEX

Email Receipt to: \_\_\_\_\_  Mastercard  Check

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

**Fax:** (913) 906-6096 **Email:** [stfmoffice@stfm.org](mailto:stfmoffice@stfm.org) **Questions?** Contact STFM at (800) 274-7928