

SPACE MEDICINE ASSOCIATION



MEMBERSHIP APPLICATION / RENEWAL FORM

Membership is open only to Members of the Aerospace Medical Association

NAME		
LAST	FIRST	MI
CONTACT INFORMATION		
ADDRESS		APT
CITY	STATE	POSTAL CODE (ZIP)
COUNTRY	DAYTIME PHONE	
EMAIL	ALTERNATE PHONE	
OTHER INFORMATION		
AREA OF SPECIALITY/INTEREST AREA	DEGREE(S)	
JOB TITLE	ORGANIZATION OR COMPANY	
DATE:		
Please check here if you do NOT want your name and email address listed on the members-only SMA webpage: <input type="checkbox"/>		

Membership: (Check One Box)

- Student/Resident \$ 5.00
- One Year \$ 20.00
- Three Year \$ 50.00
- Emeritus (must be retired) \$ 25.00
- Lifetime Member \$250.00

1) Send this application form via email to: spacemedassoc@gmail.com

AND

2) Pay online using PayPal at the SMA Website: <http://www.spacemedicineassociation.org/membership.htm>

OR

Mail Application Form and Fee (Checks Payable to: Space Medicine Association) to:

Tina Bayuse, PharmD
2002 Catamaran Drive
League City, TX 77573
tina.m.bayuse@nasa.gov

FOR SMA PURPOSES:

Payment received Receipt sent