

# SPACE MEDICINE ASSOCIATION



## MEMBERSHIP APPLICATION 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)

- |                          |                                      |          |
|--------------------------|--------------------------------------|----------|
| <input type="checkbox"/> | Student/Resident One Year Membership | \$ 5.00  |
| <input type="checkbox"/> | One Year Membership                  | \$ 20.00 |
| <input type="checkbox"/> | Three Year Membership                | \$ 50.00 |
| <input type="checkbox"/> | Emeritus (one time fee) *            | \$ 25.00 |
| <input type="checkbox"/> | Lifetime Member (one time fee)       | \$250.00 |

#### Instructions:

**SMA membership dues are now collected via our parent organization, the Aerospace Medical Association (AsMA).**

- 1) Please send this application form to AsMA via email [membership@asma.org](mailto:membership@asma.org) or via fax 1-703-739-9652
- 2) The AsMA office will contact you to enable your payment via the AsMA dues collection system.

\*Note: To qualify for SMA Emeritus, a member must be an Emeritus member of AsMA, must have been an SMA member for at least 20 years, be fully retired and over 65 years old.