

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) * - Must maintain AsMA membership, if AsMA membership lapses SMA status will transition to inactive SMA status	\$ 25.00
<input type="checkbox"/> Lifetime Member (one time fee) – Must maintain AsMA membership, if AsMA membership lapses will transition to inactive SMA status	\$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 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.