

# Membership Change Application

## Applicant Information

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Degree (check all that apply)  MD  PhD  PharmD  DO  DSci  DVM  Other \_\_\_\_\_

Institution/Organization \_\_\_\_\_ Job Title \_\_\_\_\_

Mailing Address line 1 (no post office boxes please) \_\_\_\_\_

Mailing Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail *required for access to online journals* \_\_\_\_\_

### Please choose the membership category you are applying for:

Please read the IDSA Membership Information brochure for details on membership requirements.  
Annual membership dues include subscriptions to *The Journal of Infectious Diseases* and *Clinical Infectious Diseases*.

#### Advancement to Member

*IDSA member-in-training (with current year's dues already paid) applying for full membership.  
Nomination by an IDSA member or fellow and curriculum vitae is required.*

Name of nominating member or fellow\* \_\_\_\_\_ Signature \_\_\_\_\_

\* *The nomination must be by someone who currently is a member or fellow of IDSA. You cannot nominate yourself.*

#### Advancement to Emeritus

*Current IDSA member or fellow applying for emeritus status.  
There are no annual dues for emeritus members who do not wish to receive *The Journal of Infectious Diseases* and *Clinical Infectious Diseases*.  
Letter of request is required.*

Check if you wish to continue receiving *The Journal of Infectious Diseases* and *Clinical Infectious Diseases*.

*Annual dues from the schedule below will be billed for journal mailings. Otherwise, no dues will be billed for future periods.*

#### Domestic emeritus member (U.S.)

Domestic emeritus member with subscription to print journals [ \$120 ]

Domestic emeritus member with subscription to electronic journals [ \$30 ]

#### International emeritus member

International emeritus member with subscription to print journals [ \$160 ]

International emeritus member with subscription to electronic journals [ \$30 ]

International emeritus member with subscription to print journals (*from a developing nation*) [ \$110 ]

International emeritus member with subscription to electronic journals (*from a developing nation*) [ \$30 ]

**HIV Medicine Association** (*No additional costs*)  
IDSA Members who devote a substantial portion of their professional activities to HIV/AIDS are automatically eligible for membership.  
*See [www.hivma.org](http://www.hivma.org) for more information.*

### Demographic Information

*This information is useful to IDSA in helping us design programs that meet our members' needs.*

**Specialty, based on completion of an approved training program (physicians only; check one)**

- Adult ID
- Internal Medicine
- Pediatric ID
- Family Practice
- Obstetrician/Gynecology
- Other \_\_\_\_\_

**Primary employment affiliation (check one)**

- Federal Government
- Military
- State/Local Government
- Private/Group Practice
- Hospital/Clinic
- Pharmaceutical/Biotech Industry
- University/Medical School
- Other \_\_\_\_\_

**Professional activities (write "1" for primary and "2" for secondary)**

- |                                            |                                            |                                         |
|--------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="text"/> Administration        | <input type="text"/> Clinical Research     | <input type="text"/> Public Health      |
| <input type="text"/> Basic Research        | <input type="text"/> Hospital Epidemiology | <input type="text"/> Teaching/Education |
| <input type="text"/> Clinical Microbiology | <input type="text"/> Patient Care          | <input type="text"/> Other _____        |

### Optional Information

*This information is of value to IDSA in ensuring that leadership positions reflect the membership as a whole.*

**Sex**

- Male
- Female

**Birthdate**

\_\_\_/\_\_\_/\_\_\_

**Race/Ethnicity**

- American Indian/Native Alaskan
- White/Caucasian
- Other \_\_\_\_\_
- Native Hawaiian/Other Pacific Islander
- Black/African American
- Asian
- Hispanic/Latino

**Send no payment now.**

**All changes to membership status will be reflected on your next dues billing.**

*Each application for advancement to member must include a curriculum vitae.*

**Have Questions?**

**Contact IDSA Member Services at:**  
 p (703) 299-0200 or toll-free at (888) 844-IDSA  
 f (866) 889-7318  
 e membership@idsociety.org  
 w www.idsociety.org

**Send completed application and payment to:**

**IDSA Member Services  
 1300 Wilson Blvd., Suite 300  
 Arlington, VA 22209**

**or fax both pages to (866) 889-7318**