

Individual Membership Application



Please check one:

- New Member
- Renewing Member

1. Membership Dues (required-select one)

- | | |
|--|-------|
| <input type="checkbox"/> Regular | \$175 |
| <input type="checkbox"/> International | \$175 |
| <input type="checkbox"/> Fellows | \$100 |
| <input type="checkbox"/> Student* | \$40 |

* To qualify for student dues, attach a copy of your current student ID or a letter from your department or registrar's office confirming enrollment.

2. Official Journal Subscriptions

	Discounted AH Member Rate	Non-Member Rate
<input type="checkbox"/> Health Affairs (U.S.)	\$119	\$158
<input type="checkbox"/> Health Affairs (Students, U.S. only)	\$88	\$88
<input type="checkbox"/> Health Affairs (International, including Canada)	\$181	\$220
<input type="checkbox"/> HSR	\$63	\$147

Subscriptions are not transferable, and cannot be purchased if you are not an AcademyHealth member.

Dues and journal subscription rates valid through December 31, 2012.

3. Total Amount Due \$ _____

(Total of dues and subscription(s))

4. Method of Payment

- Check (Made payable to AcademyHealth in U.S. dollars.) Please do not staple check to form.
- Visa
- MasterCard
- American Express
- Discover Card

Credit Card: _____

Exp. Date: _____ Security Code: _____

Name of Cardholder: _____
(please print)

Signature: _____

AcademyHealth Federal Taxpayer ID No.: 52-1260918

5. Primary Field

- Health Policy
- Health Services Research
- Clinical Practice
- Health Care Administration

6. Interest Groups *There is no additional fee to participate in an Interest Group.*

- Behavioral Health Services Research
- Child Health Services Research
- Disability Research
- Disparities
- Gender and Health
- Genomic Health and Personalized Medicine
- Health Economics
- Health Information Technology
- Health Workforce
- Interdisciplinary Research Group on Nursing Issues
- Long-Term Care
- Public Health Systems Research
- Quality and Value
- State Health Research & Policy
- Translation and Communications

7. Contact Information

- Office
- Home

Prefix _____

Name _____

Degrees Earned _____

Job Title _____

Organization Name _____

Department _____

Primary Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

Email (important) _____

- Please check here if you do **NOT** want your contact information included in AcademyHealth's online Membership Directory.

Dues Allocation

For regular members, \$60 of your dues supports AcademyHealth's advocacy for research funding and policy; for fellows members, \$35; and for students, \$15.

**For members outside the United States, this payment is redirected to support international member services.*

**This portion of your membership dues is not tax deductible.
Please consult your tax advisor for more information.**

Thank you

For being a member!

Questions? Contact our member services team at:

AcademyHealth
1150 17th Street, NW, Suite 600, Washington, DC 20036
Tel: 202-292-6700 • Fax: 202-292-6800
membership@academyhealth.org • www.academyhealth.org