

# AMERICAN ACADEMY OF INSURANCE MEDICINE



## MEMBERSHIP RENEWAL FORM - YEAR: 2020

(Please print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Please check one:**     No changes are required – my profile is accurate on the AAIM website.  
 Changes are required to my profile on the AAIM website, as noted below.

Dr.     Mr.     Ms.     Mrs.     Credentials \_\_\_\_\_

Company Position / Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_

State / Prov. \_\_\_\_\_ Zip / Postal \_\_\_\_\_ Country \_\_\_\_\_

Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State / Prov. \_\_\_\_\_ Zip / Postal \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ Preferred Mailings:     Office     Home

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Field of specialization \_\_\_\_\_

Member of AMA:     Yes     No

BIM Certified:     Yes     No

**Categories of Membership:**

**Active membership** shall consist of physicians (MD or DO) who are medical directors, associate medical directors, assistant medical directors, or medical consultants for insurance companies. Active members shall be entitled to hold office, vote, serve on committees, make nominations and generally exercise the rights of full membership.

**Associate membership** shall consist of physicians (MD or DO) who are not medical directors, associate medical directors, assistant medical directors, or medical consultants of insurance companies, and nurses or other health professionals who serve in the capacity of insurance company medical directors, associate medical directors, assistant medical directors or medical consultants. They may not hold office or vote, but may be appointed to committees.

**Affiliate membership** shall consist of individuals who have a professional interest in insurance medicine such as paraprofessionals, underwriters, and actuaries. They may not hold office or vote, but may be appointed to committees.

**Emeritus membership** shall consist of former dues paying members, retired or working less than 10 hours per week as an employee or consultant for a salary or fee in the field of Insurance Medicine. He/She may not hold office or vote, but may be appointed to committees.

**Membership Dues:**

Active \$500.00                       Associate \$400.00                       Affiliate \$300.00                       Emeritus \$50.00

**Payment Method:**

**Check enclosed** (Please make check out to the **American Academy of Insurance Medicine**. Check must be drawn on a US bank or be an international money order.)

**Credit Card**     American Express                       MasterCard                       Visa

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_



CVV: \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Zip Code / Postal Code: \_\_\_\_\_

**Your credit card will be charged the membership dues plus 2% credit card fee.**

**PLEASE SUBMIT YOUR APPLICATION FORM USING ONE OF THE OPTIONS BELOW:**

Email	Mail	Fax
 <a href="mailto:aaim@unconventionalplanning.com">aaim@unconventionalplanning.com</a>	 <b>AAIM</b> 100 – 32 Colonnade Road Ottawa, ON K2E 7J6 Canada	 <b>613-721-3581</b>