



Individual Membership

Name: (first, middle, last): _____

Title: _____

Employer: _____

Work Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: _____

Cellular/Mobile Phone: _____

Work Email Address: _____

Home Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: _____

Personal Email Address: _____

My preferred mailing address is (check one) Work Home

My preferred email address is (check one) Work Personal

Check here if you do not want the above information to be included in the online Membership Directory.

Please list all your degree(s)/certification(s)/designation(s).

Which of the following best describes your current status?

Please select one response.

- Paid employee of a company or organization
- Self-employed
- Retired
- Not currently employed — seeking employment

■ ■ ■ Select Type of Membership

See aami.org for benefits information for categories below.

Outside U.S. - Please complete international application

- Individual Membership:** U.S. resident \$250
Individual members receive full AAMI benefits.
- Associate Membership** \$85
*Available to non-managerial and non-supervisory employees in healthcare delivery organizations. Member must be a user or repairer of medical equipment or IT professional.
Associate members receive electronic access to AAMI publications.*
- New Professional Membership** \$60
Available to those who have worked in the health technology field for five years or less. Limited to a period of three years.
- Retired Membership** \$85
Available to those retired from the health technology industry and not earning income (other than pensions/retirement) through any healthcare-related activity, including consulting. You must have been an AAMI member for three of the past five years.

■ ■ ■ Choose Payment Method

Individual Membership Dues: \$ _____

Your membership dues cover a 12-month period.

AAMI Foundation Contribution* (Optional):

- The AAMI Foundation \$ _____
- The AAMI Foundation Scholarship \$ _____

Grand Total: \$ _____

Check is enclosed made payable to AAMI. (Checks must be in U.S. funds drawn on a U.S. bank.)

Charge this to: VISA MasterCard AMEX

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____

*The AAMI Foundation is an educational organization exempt from the 501(c)3 code of the Internal Revenue Service. Contributions to the AAMI Foundation are deductible as charitable contributions for federal income tax purposes to the extent provided by law. **For U.S. Citizens only:** AAMI dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.

■ ■ ■ Submit Your Application

Call 800-332-2264, ext. 1214 (or 703-525-4890, ext. 1214 outside the U.S.), to charge your membership by phone.

Mail this form along with your check or credit card information to: AAMI, P.O. Box 890694, Charlotte, NC 28289-0694.

Fax this form with credit card information to 703-525-1424.

Email this form with credit card information to membership@aami.org.

Thank you for joining AAMI!

■ ■ ■ Tell Us About Yourself

Which of the following AAMI products, publications and services are you interested in?

Check all that apply.

Discussion Groups & Electronic Newsletters

- AAMI Connect Online Discussion Groups
 - AAMI Educators Discussion Group
 - HTM Discussion Group
- Career Connection
- Standards Monitor Online
- Sterilization Today
- TechNews Net

Products, Publications, and Services

- AAMI A-List
- AAMI Events and Conferences
- ACI Certification (CBET, CRES, CLES, CHTM, CQSM)
- Career Center (*job postings, resumes*)
- Industry training for manufacturers
- Online Healthcare Technology Directory
- Private, in-house training courses
- Standards and other guidance documents
- Volunteering with AAMI
- Webinars/distance learning

What is your primary job function?

Please select one response.

- Central Supply
- CEO/President/Executive Management
- Compliance Management
- Consulting
- Education/Educator
- Engineer
 - Biomedical Product Quality
 - Clinical Project Validation
- Healthcare Technology Management (HTM)
 - Biomedical Equipment Technician
 - Biomedical Supervisor/Coordinator/Dept. Manager
 - Imaging Equipment Service
- Information Systems
- Laboratory Management
- Microbiology
- Nursing
- Physician/Surgeon
- Quality Assurance
- Regulatory Affairs
- Research and Development
- Sales, Marketing & Communication
- Sterilization
 - Industrial Healthcare

Other (*please specify*) _____

Please check your areas of expertise/professional interest.

Check all that apply.

- Anesthesia & Respiratory Care
- Alarms
- Biological Evaluation
- Connectivity/Interoperability
- CAPA/Complaint Handling
- Dialysis
- Electromedical Equipment
- Healthcare Technology Management
 - Clinical Engineering
 - Repair & Maintenance
- Home Healthcare
- Human Factors/Usability
- Imaging/Radiology
- Implantable Devices
- Health Information Technology/IT
- Materials/Asset Management
- Patient Monitoring
- Quality Assurance
- Regulatory Affairs
- Reprocessing/Reusables
- Risk Management
- Sterilization
 - Industrial Healthcare
- Wireless Technology

Other (*please specify*) _____

■ ■ ■ How did you hear about AAMI?

Please select one response.

- AAMI advertisement
- AAMI article, blog post or journal
- AAMI event or conference
- Educator/Teacher
- Employer
- Industry event or conference
- Internet search
- Regulatory/accreditation agency
- Social media
- Standards program
- Not sure
- Other: _____

■ ■ ■ We want to hear from you!

We are constantly looking for ways to bring more value to your AAMI membership. Please let us know if there are any products or services that would help you in your work in the health technology industry. Your ideas or suggestions help us develop additional benefits that would be of value to you as an AAMI member. Your input is greatly appreciated!
