

# AMERICAN ACADEMY OF INSURANCE MEDICINE



## MEMBERSHIP RENEWAL FORM – YEAR: 2024

(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 \_\_\_\_\_

Professional Position / Title \_\_\_\_\_

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

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

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Office Phone \_\_\_\_\_ Email \_\_\_\_\_

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

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Preferred Mailings:  Office  Home

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

What, if any, is your 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 \$600.00  Associate \$450.00  Affiliate \$350.00  Emeritus \$60.00

**PAYMENT METHOD:**

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

**Credit Card:**  American Express  MasterCard  Visa

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

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

**NOTE: Your credit card will be charged the applicable membership fees plus an additional 2% processing fee.**

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

Email	Mail
 <a href="mailto:aaim@unconventionalplanning.com">aaim@unconventionalplanning.com</a>	 AAIM 200-38 Auriga Drive Ottawa ON K2E 8A5 Canada