



APPLICATION FOR MEMBERSHIP

Please type or print

Thank you for your interest in joining our organization. We changed our name from Airlines Medical Directors Association in 2019 so as to include many more aeromedical professionals who are interested in, or working with, airlines.

There are two membership categories for new applicants: Active (with voting rights) and Associate (no voting rights). Emeritus status will be considered upon request to the Secretary for both Active and Associate members who have been in good standing for at least 10 years. Honorary membership is conferred by the President.

This application should be used only for Active or Associate membership requests.

REQUIREMENTS:

A. An applicant must be a *member of the Aerospace Medical Association*.

ACTIVE MEMBERS must be full-time or part-time physicians or professional members of the allied medical disciplines, who are attached to the medical department of a commercial airline or contracted to provide aviation medical advice to an airline as determined by the Executive Council and whose responsibilities include advice on airline medical policy.

ASSOCIATE MEMBERS shall be full-time or part-time physicians or professional members of other allied medical disciplines, who are not actively engaged in advising airlines on medical policy but who have an interest in the subject and may intend to become more actively involved with an airline or airlines in the future.

B. The application form must be signed by **two Active members of the International Airline Medical Association**, or by **one Active member and one Emeritus member**.

C. The applicant must provide **two letters of reference**, one from the IAMA primary sponsor, and the second from an airline medicine sponsor, verifying their interest/affiliation with airline medicine.

D. Arrange for payment of \$90 (U.S. currency), preferably via credit card authorization.

Applications will be reviewed at the Annual Meeting of the IAMA in May of each year, but they must be received by the Secretary no later than March 15 in order to be reviewed at that year's meeting. The application and supporting documents must be filed with the Secretary of the AMDA. The application fee of \$90 includes the \$25 initiation fee and \$65 for the first year's assessment and dues. (Subsequent dues are \$50 annually.) There is no reimbursement in the event the application is not accepted, but there will be no further fees if the application re-applies.

The Executive Council will decide whether the applicant is eligible for *Active* or *Associate* membership.

Applicant Information

First Name(s) Middle Name or Initial Last (Family) Name(s)

Professional title (M.D., PhD, etc) Birthdate (Month, date, year)

Please check this box to validate that you are a member in good standing of Aerospace Medical Association (AsMA) and are current on your annual AsMA membership fees.

Preferred Username for on-line IAMA Directory _____

Address for on-line IAMA Directory

Business Phone _____

Home Phone _____
(Optional)

Mobile Phone _____
(Optional)

Fax Number _____

Primary Email _____

Secondary Email _____
(Optional)

Professional Information

Degrees (M.D., etc.) _____

Licensed to Practice in Major Field of Professional Activity

Specialty Board Certification(s) _____

Year of Graduation _____

(State, Province, or Country) _____

Professional Affiliations

State briefly your interest in airline medicine. If affiliated with an airline, give your title/position and the company name and mailing address if different from yours. Also, describe the nature of your responsibilities and duties within the company, whether you are an employee or a consultant, the number of hours per week you devote to this, etc. A photocopy of your Employee I.D. is helpful, if you have one.

Recognizing that further inquiry into my application may be desirable, I authorize the Membership Committee to make further investigation and to submit its findings to the Association.

(SIGNATURE OF APPLICANT) _____ (DATE)

Names and Signatures of two IAMA members (either two Active, or one Active and one Emeritus)

Please note: email confirmation by sponsors to the IAMA Secretary instead of a signature is acceptable.

Primary Sponsor: _____
(Signature) (Name Printed)

Second Sponsor: _____
(Signature) (Name Printed)

Please Include Sponsor letters in this application (from primary IAMA sponsor and an airline medicine sponsor)

Submit completed application to:

Petra A Illig, M.D., Secretary
Airlines Medical Directors Association
5011 Spenard Rd. #205
Anchorage, AK 99517
OR via fax to: 907-245-2212
OR via email to: petra.illig@gmail.com

Please include a check made out to IAMA in US currency, or if you wish, you may pay the application fee by credit card by filling out the following:

I authorize the IAMA Treasurer to charge the \$90 US application fee to the following account:

Circle type of card: VISA Master Card

Card Number _____

Three digit security code _____

Exact name on the credit card _____

Expiration Date _____

(Signature of Applicant)

(Date)

END OF APPLICATION