

LEARN. CONNECT. DISCOVER. JOIN.

The Society of Hospital Medicine serves as the premier organization for a “big tent” of hospital medicine professionals, including physicians, nurse practitioners, physician assistants, medical students, residents, practice administrators and more.

SHM membership connects you with resources, opportunities and people to support your role in hospital medicine.



Access free or discounted on-demand CME through SHM’s Learning Portal.



Network with other hospitalists at national conferences, local chapter meetings and through the dedicated special interest groups on SHM’s members-only online community.



As a benefit of membership, stay up to date with subscriptions to SHM’s official publications, *The Hospitalist* and the *Journal of Hospital Medicine*.



Advance your career with access to the SHM Career Center full of hospital medicine specific job postings.



Set yourself apart within the specialty with the Fellow in Hospital Medicine designation.



Access SHM solutions to address your QI-related challenges.

Membership also saves you money on products, services, educational resources, conferences and more.

Learn more about a membership or join today.
hospitalmedicine.org/join

MEMBERSHIP APPLICATION

MEMBER TYPE (Rates valid through end of September 30, 2018.)

- | | |
|--|--|
| <input type="checkbox"/> Physician: \$405.00 | <input type="checkbox"/> Resident/Fellow: \$95.00 |
| <input type="checkbox"/> Nurse Practitioner/Physician Assistant: \$215.00 | <input type="checkbox"/> International Hospitalist: \$115.00 |
| <input type="checkbox"/> Allied Health Professional (PharmD, RN, etc.): \$215.00 | <input type="checkbox"/> Practice Administrator: \$215.00 |
| <input type="checkbox"/> Affiliate: \$405.00 | <input type="checkbox"/> Students: FREE |

MEMBER INFORMATION

Referred by: (if applicable)		
First Name:	Last Name:	Designation: (i.e. MD, NP)
Title:	Specialty:	
Company/Hospital Medicine Group Name: (if applicable)		
Residency Program Name: (if applicable)		
Medical School Name:	First Year Working in a Hospital Medicine Setting or anticipated date:	
Graduation/Anticipated Graduation Date:		
Mailing Address:		
City:	State/Province:	Zip:
Phone:	Fax:	
Email:		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	

Please check below to indicate preferred contact method. Checking below indicates consent to receive communications including, but not limited to, information sent by SHM/SHM Chapters.

- Email Postal Mail

Signature: _____

Date: _____

PAYMENT INFORMATION

Credit Card

-    Check (payable to SHM) enclosed

Cardholder's Name:		
Credit Card Number:	Expiration Date:	
CVV#:	Date:	Cardholder's Signature:

Offer not valid for renewals.

T: 267-702-2677
hospitalmedicine.org/join
F: 267-702-2690

Mail to:
Society of Hospital Medicine
c/o Membership Department
1500 Spring Garden Street, Suite 501, Philadelphia, PA 19130

Periodically, SHM will make its mailing list available to carefully screened third parties who may share communications with you. The revenue that SHM receives from this program allows us to keep your membership dues at the lowest rate possible.

- Please check if you elect NOT to receive these types of communications.