## 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 and the SHM Education app.



Network with colleagues at national conferences and local chapter meetings.



Stay up to date with subscriptions to SHM's publications, *The Hospitalist* and the *Journal of Hospital Medicine*.



Join a special interest group to connect and collaborate with peers on SHM's members-only online community.

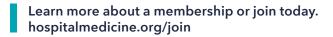


Distinguish yourself by earning a Fellow in Hospital Medicine designation.



Access SHM solutions to address your QI-related challenges.

Membership saves you money on professional and educational resources, conferences and more.





## **Membership Application**

Physician \$445.00/year	
<ul> <li>Affiliate \$425.00/year</li> <li>Practice Administrator \$215.00/year</li> <li>Nurse Practitioner/Physician Assistant \$215.00/year</li> <li>International Hospitalist \$115.00/year</li> <li>Student FREE</li> </ul> Referred by (if applicable) First Name Last Name Credentials (i.e. MD, NP)	
□ Practice Administrator \$215.00/year □ Nurse Practitioner/Physician Assistant \$215.00/year □ Student FREE  Referred by (if applicable)  First Name Last Name Credentials (i.e. MD, NP)	
□ Nurse Practitioner/Physician Assistant \$215.00/year □ Student FREE  Referred by (if applicable)  First Name □ Last Name □ Credentials (i.e. MD, NP)	
Referred by (if applicable)  First Name  Last Name  Credentials (i.e. MD, NP)	
Title Specialty	
Hospital/Institution (if applicable)	
Residency Program Name *	
Medical School Name*  Graduation/Anticipated Graduation Date*	
First Year Working in a Hospital Medicine Setting or Anticipated Date.  Date of Birth	
Mailing Address Work Home	
City State/Province Zip	
Phone Is this a mobile number? Yes No Email (required)	
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 Chap    Email   Signature   Date    Postal Mail	ers.
Payment Information	
Check (payable to SHM) enclosed OR VISA Mastered Corrections	
Cardholder's Name	
Credit Card Number Expiration Date	
CVV# Date Cardholder's Signature	
MAIL TO Society of Hospital Medicine, ATTN: Membership Department, 1500 Spring Garden Street, Suite 501, Philadelphia, PA  \$\&\circ\$ 800-843-3360   \[ \begin{array}{c} \alpha 67-702-2690   \end{array} hospitalmedicine.org/join  Periodically, SHM will make its mailing list available to carefully screened third parties who may share communications with you. The revenue the	19130

\*Required for Resident/Fellow and Student Membership

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

receives from this program allows us to keep your membership dues at the lowest rate possible.