

Education

Power your education by utilizing free member resources by hospitalists for hospitalists and earn CME and MOC on the go, through the SHM Learning Portal.



Career Advancement

Advance your career, attain the esteemed Fellows designations, and serve on one of SHM's many committees or advisory councils.



Networking

Build impactful connections by networking with your peers through Special Interest Groups, local chapters, and in the Hospital Medicine Exchange (HMX) online community.



Events

Learn from experts in the field and receive discounts to attend live events like SHM Converge throughout the year while re-energizing your practice and expanding your network.



Publications

Stay current on hospital medicine trends and receive the latest updates with SHM's publications including the *Journal of Hospital Medicine*, *The Hospitalist*, and member-discounted pricing on the *State of Hospital Medicine Report*.

SHM members save an average of \$3,500 on educational resources and conferences.

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.

☐ **OPT
OUT**

SHM is considering adding text messaging to how we communicate with our members. By checking the box, you are granting permission to receive occasional messages, only for SHM purposes, to the mobile number listed on the form.

☐ **OPT
OUT**

Membership Application

Please visit us online or call to join for more than one year. Rates valid through June 30, 2027.

☐ **Resident/Fellow*** \$99.00/year ☐ **Student*** FREE

Referred by (if applicable)					
First Name		Last Name		Credentials (e.g., MD, NP)	
Job Title			Hospital/Institution (if applicable)		
Specialty ☐ Adult Hospital Medicine ☐ Internal Medicine ☐ Family Medicine ☐ Med/Peds ☐ Other: _____			Hospital Setting ☐ Academic, Teaching ☐ Academic, Non-teaching ☐ Community, Teaching ☐ Community, Non-teaching ☐ Unsure ☐ Not Applicable		
Have you graduated from medical school outside the United States?					
First Year Working in a Hospital Medicine Setting or Anticipated Date				Date of Birth	
Mailing Address ☐ Work ☐ Home					
City		State/Province		Zip	Country
Phone		Is this a mobile number? ☐ Yes ☐ No		Email (required)	
Race ☐ American Indian or Alaska Native ☐ Asian (including East Asian, South Asian, and Southeast Asian) ☐ Black or African American ☐ Hispanic or Latino/a/x ☐ Middle Eastern or North African ☐ Multi-racial ☐ Native Hawaiian or Pacific Islander ☐ White ☐ My race is not listed ☐ Prefer not to disclose			Gender ☐ Male ☐ Female ☐ Prefer not to disclose		

* If submitting by mail, you must include proof of current resident/student status. **Required for Resident/Fellow and Student membership.

Payment Information

\$ _____ (Rate Selected Above) + \$10* (Service Charge) = \$ _____ Total Amount Due _____

☐ Check enclosed (payable to Society of Hospital Medicine). Please remit in U.S. Funds drawn on U.S. bank.
For your security, credit card payments can be made **online** or by phone, **800-843-3360**.

Please mail applications with check payments to:

 Society of Hospital Medicine
P.O. Box 822898
Philadelphia, PA 19182-2898

 membership@hospitalmedicine.org

 800-843-3360  267-702-2690