



2012 MEMBERSHIP DUES STATEMENT

(Membership duration runs on a calendar year (Jan. – Dec.))

DEADLINE: JANUARY 5, 2012

PLEASE NOTE: If renewal is not received by January 5, 2012, your membership and all benefits will be inactive.

Active, Affiliate and Associate members receive:

- Online access to the *Clinical Journal of Sports Medicine* and the *British Journal of Sports Medicine*.
- Print subscription/online access to *Sports Health: A Multidisciplinary Approach*
- (Optional member benefit): Print subscription: *Clinical Journal of Sports Medicine* (six bi-monthly issues) for an additional \$97.00/year

Fellowship and Resident members receive:

- Online access to the *Clinical Journal of Sports Medicine* and the *British Journal of Sports Medicine*.
- (Optional member benefit): Print subscription/online access to *Sports Health: A Multidisciplinary Approach* (six bi-monthly issues) for an additional \$36.00/year
- (Optional member benefit): Print subscription: *Clinical Journal of Sports Medicine* (six bi-monthly issues) for an additional \$97.00/year

Please include email address below if you want a copy of your receipt sent to your company/institution for reimbursement purposes:


Membership Dues Options:

Active, Affiliate and Associate Dues \$350.00

Print Subscription: *CJSM* \$ 97.00

Print Subscription: *Sports Health* Included

Fellowship Dues

 *AMSSM is pleased to announce Ossur Americas has provided a grant to the Foundation to cover the cost of Fellowship membership for the 2012 Membership year.*

To be eligible for the Ossur Grant, you must:

- Currently be in an accredited ACGME sports medicine fellowship program that participates in the NRMP Fellowship Match.
- EXCEPTION to full NRMP Match participation is allowed only for military fellowships and ACGME accredited sports medicine fellowship programs in their first year.**

The Ossur grant is available to AMSSM Fellowship members on a first-come, first-serve basis until funds are exhausted.

Please indicate your renewal preference below:

Fellowship Dues (paid by Ossur Grant)

Accredited Sports Medicine Fellowship Information:

Program _____

Director: _____

Fellowship Dues (paid by member) \$225.00

Print Subscription: *CJSM* \$ 97.00

Print Subscription: *Sports Health* \$ 36.00

Resident Dues \$150.00

Print Subscription: *CJSM* \$ 97.00

Print Subscription: *Sports Health* \$ 36.00

Payment Method:

Check Payable to AMSSM

Credit Card

(We accept MasterCard/Visa/Discover/American Express)

Account Number

_____ - _____ - _____ - _____

Expiration Date (mm/yy)

_____/____

Security Code CVV (last 3 digits on back; 4 digits on front of AMEX)

Name on Card

Total to be charged

\$ _____

IMPORTANT:

PLEASE VERIFY YOUR CONTACT INFORMATION ON

THE AMSSM WEBSITE: www.amssm.org

Log in through "Members Log-in"

If you have any changes to your personal information, please access the "**Update Information/Password**" submission form listed as a link on the Members Area of the website.



AMSSM FOUNDATION

In 1997, the AMSSM established a Foundation which is dedicated solely to supporting research, education and the scientific activity needs related to the Society's mission and goals. Your contribution to the Foundation will support these important initiatives.

This year the Foundation will host a reception at the 21st Annual Meeting in Atlanta, Georgia for Foundation Contributors only. Invitations to the reception will be sent in February 2012 to all 2012 Foundation Contributors including donations made after the 20th Annual Meeting up to the 2012 Foundation Reception. If you would like to make a donation, please indicate below.

CONTRIBUTION LEVELS

Platinum: \$1,000 & greater **My donation to the AMSSM Foundation: \$ _____**

Gold: \$500 - \$999 (Please note your credit card will be charged separately for your Foundation donation)

Silver: \$250 - \$499

Bronze: \$25 - \$249

YOUR GIFT TO THE AMSSM FOUNDATION IS FULLY TAX DEDUCTIBLE AND IS A GREAT WAY TO SUPPORT AMSSM EDUCATION AND RESEARCH.

Member ID:	
Name:	
Address Line 1:	
Address Line 2:	
City/State/Postal Code:	
Email Address:	

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