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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.



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Access SHM solutions to address your QI-related challenges.

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

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[hospitalmedicine.org/join](https://hospitalmedicine.org/join)

**shm**<sup>®</sup>  
Society of Hospital Medicine

# Membership Application

Join for 1, 2 or 3 years at the current rate. Rates valid through September 30, 2020.

- Physician** \$445<sup>00</sup>/year
- Allied Health Professional (PharmD, RN, etc.)** \$215<sup>00</sup>/year
- Affiliate** \$425<sup>00</sup>/year
- Resident/Fellow** \$95<sup>00</sup>/year
- Practice Administrator** \$215<sup>00</sup>/year
- International Hospitalist** \$115<sup>00</sup>/year
- Nurse Practitioner/Physician Assistant** \$215<sup>00</sup>/year
- Student** FREE

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 <input type="checkbox"/> Work <input type="checkbox"/> Home		
City	State/Province	Zip
Phone	Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Chapters.

<input type="checkbox"/> Email	Signature	Date
<input type="checkbox"/> Postal Mail		

## Payment Information

- Check (payable to SHM) enclosed **OR**      

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 19130

 800-843-3360

 267-702-2690

 [hospitalmedicine.org/join](http://hospitalmedicine.org/join)

**NOTE: Membership dues are non-refundable upon activation and are non-transferable.**

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.

\*Required for Resident/Fellow and Student Membership