

# 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 colleagues at national conferences, and local chapter meetings.



Stay up to date with complimentary subscriptions to SHM’s exclusive 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 also saves you money on products, services, educational resources, conferences and more.**

Learn more about a membership or join today.  
[hospitalmedicine.org/join](https://hospitalmedicine.org/join)

# Membership Application

Lock in your membership rate for up to three years!  
Rates valid through end of September 30, 2019.

**Physician:**

1 yr: \$425.00,  2 yr: \$850.00,  3 yr: \$1,275.00

**Affiliate Members:**

1 yr: \$425.00,  2 yr: \$850.00,  3 yr: \$1,275.00.00

**Practice Administrator:**

1 yr: \$215.00,  2 yr: \$430.00,  3 yr: \$645.00

**Nurse Practitioner/Physician Assistant:**

1 yr: \$215.00,  2 yr: \$430.00,  3 yr: \$645.00

**Allied Health Professional (PharmD, RN, etc.):**

1 yr: \$215.00,  2 yr: \$430.00,  3 yr: \$645.00

**Resident/Fellow:**

\$95.00

**International Hospitalist:**

1 yr: \$115.00,  2 yr: \$230.00,  3 Yr: \$345.00

**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: 800-843-3360  
hospitalmedicine.org/join  
F: 267-702-2690

Mail to:  
Society of Hospital Medicine  
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.