



## WADEM New Membership and Renewal Form

**MEMBERSHIP REQUEST (Check one):**

New Member   
 Renewing Member

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Occupation/professional affiliation:**

- Physician
- Nurse
- Engineer
- Paramedic/EMT
- Psychologist/Sociologist
- Other

Referred by: \_\_\_\_\_

**PAYMENT METHOD (Please circle one):**

<u>Membership Fees</u>	<u>Annual Income</u>
\$150.00 USD for	>\$40,000 USD
\$120.00 USD for	\$10,000-\$40,000 USD
\$90.00 USD for	< \$10,000 USD
*\$50.00 USD for	*Students, retirees, and people in professional training programs
(* limited membership; electronic publications only)	

**BILLING INFORMATION**

- Payment Enclosed\*\*
- Visa\*\*\*
- MasterCard\*\*\*
- American Express\*\*\*

Amount \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date (Month/Year) \_\_\_\_\_

Signature \_\_\_\_\_

\*\*Make checks payable to **WADEM** in **US Funds** and submit through your local bank's US correspondent.

\*\*\* Do NOT provide credit card number via email; send by fax (+1) 608-819-6055 or via post to the address listed below.

You may submit your membership application or renewal and payment information through the WADEM website using WADEM's secure PayPal page by clicking on the following link:

[http://www.wadem.org/individual\\_membership.html](http://www.wadem.org/individual_membership.html)

