



# WADEM

WORLD ASSOCIATION FOR DISASTER AND EMERGENCY MEDICINE

## WADEM New Membership and Renewal Form

**MEMBERSHIP REQUEST (Check one):**

New Member \_\_\_\_\_  
Renewing Member \_\_\_\_\_

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

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

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

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

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

**Email :** \_\_\_\_\_

**Occupation/professional affiliation:**

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

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

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

**Membership Fees**

\$USD 150.00 for  
\$USD 120.00 for  
\$USD 90.00 for  
\*\$USD 50.00 for

(\* limited membership;  
electronic publications  
only)

**Annual Income**

USD >\$40,000  
USD \$10,000-\$40,000  
USD <\$10,000  
Students, Retirees, 2<sup>nd</sup>  
family members, &  
International Nursing  
Section members

**BILLING INFORMATION**

- Payment Enclosed\*\*
- Visa\*\*\*
- MasterCard\*\*\*

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 +1-608-265-3037 or via post to address listed below.

You may submit your membership application or renewal and payment information through the WADEM's PayPal page.

There is a direct link from:

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

Click on the "Renew Membership" or "Join WADEM" buttons.



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