



Founded in 1967, STFM is the academic organization committed to advancing family medicine to improve health through a community of teachers and scholars

STFM provides a forum for more than 4,800 physicians, psychologists, sociologists, social workers, nurses, and other family medicine educators to solve problems together.

Membership Categories

Active Physician Member

Any physician who is in a teaching position or is actively involved in the organization, administration, or promotion of family medicine.

Active Nonphysician Member

Any other individual who is in a teaching position or is actively involved in the organization, administration, or promotion of family medicine.

Associate Member

Any part-time family medicine teacher or community preceptor who devotes no more than 10 hours per week or 3 months per year to a family medicine program. This category also applies to physicians in private practice.

International Member

Any individual who either holds a teaching position or is actively involved in the organization, administration, or promotion of family medicine who resides outside the United States and Canada.

Affiliate Member

Any resident, fellow-in-training, or medical student in an approved family practice program, department, or medical school.

Emeritus Member (with journal)

An individual, retired or age 70+, who has been an STFM member for 10 or more years.

MEMBERSHIP APPLICATION

I wish to become a member of the Society of Teachers of Family Medicine for 2010.

Name _____

Degree _____

Preferred Mailing Address Office Home

Office Phone _____

Office Fax _____

E-mail _____

Medical School or Residency Affiliation _____

Title _____

Other Institutional Affiliation _____

Check one of the following membership categories:

- | | |
|---|---|
| <input type="checkbox"/> Active Physician Member—\$275 | Affiliate Member (check one): |
| <input type="checkbox"/> Active Nonphysician Member—\$200 | <input type="checkbox"/> Fellow-in-Training—\$95 |
| <input type="checkbox"/> Associate Member—\$130 | <input type="checkbox"/> Resident—\$75 |
| <input type="checkbox"/> International Member—\$130 | <input type="checkbox"/> Student—\$25 |
| | <input type="checkbox"/> Emeritus (with journal)—\$25 |

Setting:

- University Community Hospital
 Other _____

Major Professional Role (check one):

- Residency Education Predoctoral Education Administration
 Clinical Practice Research
 Other _____

Method of Payment

- Please bill me at the address above. My check is enclosed, made payable to STFM.
 Please charge my credit card as follows: VISA MasterCard AMEX

Card No. _____ Exp. _____

Signature _____

Return this application to: THE SOCIETY OF TEACHERS OF FAMILY MEDICINE

11400 Tomahawk Creek Parkway • Leawood, KS 66211

Questions? Contact Matt Merrigan 800-274-2237, ext 5409 • Fax: 913-906-6096

E-mail: mmerrigan@stfm.org • Web site: www.stfm.org