

AMEE Membership Renewal Form

Please complete this form (in BLOCK capitals) and return to the AMEE Office together with the full fee. *Please provide details as per your AMEE website account to ensure no duplication of data.*

Title	Dr/Prof/Mr/Mrs/Miss/Ms:		
Family Name			
First Name			
Contact Address			
	City:	Postcode:	Country:
Contact Email			

MEMBERSHIP TYPE

Please select a membership category:

Tick	Membership Type	Fee
	Individual Membership for one year (<i>online access to Medical Teacher only</i>)	£99
	Individual Membership for one year (<i>online access to and hard copy of Medical Teacher</i>)	£115
	Individual Membership for two years (<i>online access to Medical Teacher only</i>)	£190
	Individual Membership for one year (<i>excludes Medical Teacher</i>) – less well-resourced countries	£44
	Individual Membership for one year - Members of ABEM, AoME, CAME, GMA, IAMSE, NVMO, SSME and VIEW (<i>online access to Medical Teacher only</i>) (<i>please circle which association you are a member of</i>)	£93
	Student Membership for one year (<i>undergraduate and up to 1 year post basic qualification</i>)	£45
	Student Membership for one year (<i>excludes Medical Teacher</i>) – less well-resourced countries	£25
	Institutional Membership for one year (<i>one access to MedEdWorld only</i>)	£250
	Premium Institutional Membership for one year (<i>includes AMEE institutional membership and full access to MedEdWorld for all members of institution</i>)	£550

PAYMENT METHOD

<input type="checkbox"/>	I enclose a cheque in GBP (£) sterling for the full fee made payable to the Association for Medical Education in Europe (AMEE)
<input type="checkbox"/>	I wish to pay by Debit/Credit Card (<i>please complete details below</i>)

Card Type	<input type="checkbox"/> Visa / Debit <input type="checkbox"/> Mastercard / Debit <input type="checkbox"/> Amex
Cardholder Name	<input type="text"/>
Card holder address	<input type="text"/>
	City: <input type="text"/> Postcode: <input type="text"/> Country: <input type="text"/>
Card Number	<input type="text"/>
Expiry Date	<input type="text"/> Security/CVC <input type="text"/>

By applying for membership of AMEE you are signing up to agree to the terms and conditions of AMEE membership. For our membership terms and conditions please see: www.amee.org/membership/terms-conditions

APPLICANT SIGNATURE

I confirm that I wish to renew my membership of AMEE

Signature:

Date:

Please return this membership application and fee to:
 Membership, Association for Medical Education in Europe (AMEE), 12 Airlie Place, Dundee DD1 4HJ, UK

If you need any help completing your AMEE Membership Renewal, please contact us and we would be pleased to assist you. Telephone: +44 (0)1382 381953 or email: amee@dundee.ac.uk