

American Burn Association
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 Email info@ameriburn.org ♦ Home Page www.ameriburn.org



Membership Application American Burn Association		LEAVE BLANK—FOR ABA USE
		Number
NAME <i>(First, middle, last)</i>	DEGREE	Received
		Packet Mailed
POSITION/TITLE/SPECIALTY/DISCIPLINE <i>Please Circle</i> Physician Mid-Level Provider Nurse Respiratory Nutrition Psychology Social Work Basic Science Rehabilitation Therapist Firefighter Burn Survivor Chaplain Other _____	BUSINESS ADDRESS <i>Please type/print, or attach business card</i>	
DEGREES/CREDENTIALS <i>Please Circle</i> MD RN PT OT PhD RD PA-C Firefighter RT LPN Social Worker Other _____		
BUSINESS TELEPHONE, FAX, EMAIL TEL FAX EMAIL		
PREFERRED MAILING ADDRESS <input type="radio"/> Business <input type="radio"/> Home	HOME ADDRESS	
PREFERRED LISTING FOR MEMBERSHIP DIRECTORY <input type="radio"/> Business <input type="radio"/> Home	HOME TELEPHONE	
MEMBERSHIP DUES		
<u>FOR THE UNITED STATES & CANADA</u>		
PHYSICIANS/FELLOWS	\$340 Annual Dues + \$65 Initiation Fee =	\$405 TOTAL
RESIDENTS, NURSES & OTHER NON-PHYSICIANS	\$140 Annual Dues + \$65 Initiation Fee =	\$205 TOTAL
MEDICAL/OTHER STUDENTS	\$80 Annual Dues + \$65 Initiation Fee =	\$145 TOTAL
<u>OUTSIDE OF THE UNITED STATES & CANADA</u> – PLEASE ADD \$45 TO THE ABOVE AMOUNTS		
PAYMENT INFORMATION		
To receive resident or student rates, a letter from your faculty advisor must accompany dues payment. Check or Money Order Enclosed for Total of \$ _____		
Credit Card Number: _____		Expiration Date: _____
<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Signature: _____		
REFERRED TO THE ABA BY <i>(optional)</i>		
Applicant Signature	Date	