

American Burn Association
 625 N. Michigan Avenue, Suite 2550 ♦ Chicago, IL 60611
 Phone (312) 642-9260 ♦ Fax (312) 642-9130
 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	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 o Business o Home	HOME ADDRESS	
PREFERRED LISTING FOR MEMBERSHIP DIRECTORY o Business o Home	HOME TELEPHONE	
MEMBERSHIP DUES		
<u>FOR THE UNITED STATES & CANADA</u>		
PHYSICIANS	\$300 Annual Dues + \$65 Initiation Fee =	\$365 TOTAL
RESIDENTS, NURSES & OTHER NON-PHYSICIANS	\$125 Annual Dues + \$65 Initiation Fee =	\$190 TOTAL
MEDICAL/OTHER STUDENTS	\$65 Annual Dues + \$65 Initiation Fee =	\$130 TOTAL
<u>OUTSIDE OF THE UNITED STATES & CANADA – PLEASE ADD \$30 TO THE ABOVE AMOUNTS</u>		
PAYMENT INFORMATION		
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 (optional)		
Applicant Signature	Date	