



Individual Membership Application

for ICP, IMI and SNIDD*

Member Information

Name: _____

Title: _____ Degree(s): _____

Organization: _____ Department: _____

Address: _____

City / State / ZIP / Country: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mail: _____

Annual Dues Schedule

New Member Renewing Member

Check the box by your position/affiliation:

Physician Scientist Professional Administrator \$275

Technologist RN (practicing) \$150

Government Membership: Physician Scientist Professional Administrator \$150

Educational Membership (verification letter required): Resident Fellow Student \$125

Educational Membership: Emeritus (retired professional) \$150

Annual membership dues include a one-year subscription to AMI's journal, *Molecular Imaging and Biology*.

*Institutional and industry memberships are also available. Please contact AMI at 310-267-2614 for more information.

Primary Interest(s)

Mark your primary interest (on what council you wish to vote). Check only one box:

Institute for Clinical PET: Those interested in clinical practice and clinical research

Institute for Molecular Imaging: Scientists from multimodalities of PET, MRI, Optical, SPECT, CT and Ultrasound

Society of Non-Invasive Imaging in Drug Development: Molecular imaging and pharmaceutical scientists using molecular imaging in drug discovery

List other institutes in which you are interested: _____

Billing Information

Method of payment: Visa MasterCard American Express Check Enclosed Mail Invoice

Card No: _____ Exp Date: _____

Name on Card: _____ Signature: _____

If paying by check (U.S. funds), please make payable to: Academy of Molecular Imaging

For your records, our Taxpayer ID number is: 52-1706066.

Mail or fax this form with payment to: Academy of Molecular Imaging
Box 951735
Los Angeles, CA 90095-1735
Phone: 310-267-2614 Fax: 310-267-2617

For more information about AMI or for more copies of this form, please visit: www.ami-imaging.org