



**CAMA**

## CAMA STUDENT MEMBERSHIP FORM AND ANNUAL SCIENTIFIC MEETING AUDIT REQUEST



**CAMA**

<b>*MEMBER NAME &amp; TITLE(S):</b>	
<b>*MEMBER STREET ADDRESS:</b>	
<b>*MEMBER STREET ADDRESS:</b>	
<b>*MEMBER CITY/STATE/ZIP/COUNTRY:</b>	

<b>WHAT IS YOUR FIELD OF STUDY?</b>	
<b>WHAT IS YOUR SPECIALTY OR ANTICIPATED SPECIALTY?</b>	
<b>WHERE ARE YOU CURRENTLY A STUDENT, INTERN, OR RESIDENT? ON FELLOWSHIP?</b>	
<b>WHEN DO YOU EXPECT TO GRADUATE?</b>	
<b>WHAT DEGREE(S) DO YOU CURRENTLY HOLD?</b>	
<b>WHAT DEGREE(S) DO YOU ANTICIPATE UPON GRADUATION OR COMPLETION OF STUDIES?</b>	

<b>Permission to add name and address to the CAMA Web Site in the Members Only Section?</b>	<b>YES</b>		<b>NO</b>	
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<b>IF YOU PLAN TO AUDIT PRESENTATIONS DURING THE CAMA ANNUAL SCIENTIFIC MEETING, PLEASE ANNOTATE WHICH DAYS OR EVENTS YOU PLAN TO ATTEND SO THAT ID CREDENTIALS CAN BE PREPARED FOR YOU:</b>	
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**Check if you are/are a member of:**

<b>*PILOT</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*AsMA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*AMSRO</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>*EAA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*AOPA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*AMA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>*AOA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*AAFP</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*FPA</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>*AME</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*HIMS</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>**OTHER</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

<b>**OTHER ORGANIZATIONS/GROUPS</b>	
<b>CELL PHONE NUMBER:</b>	
<b>OTHER PHONE NUMBER:</b>	
<b>FAX NUMBER:</b>	
<b>*EMAIL ADDRESS:</b>	

*\*(E-mail address is REQUIRED, please – all CAMA correspondence, registrations, notifications, and publications are sent via email. Please notify CAMA of any email address changes. CAMA does not share your information with any other entity or with any changes, so that you do not miss any important communication with our organization.*

**NOTE:** CAMA does offer discounted student registrations for our Annual Scientific Meetings, and Students may audit the educational sessions at no charge (no meals or CME included without prior payment). We do request advance notice for planning and space arrangement purposes.

**PLEASE RETURN FORM TO: CIVIL AVIATION MEDICAL ASSOCIATION (CAMA)  
P. O. BOX 823177  
DALLAS, TX 75382  
TELEPHONE/TEXT: 770-487-0100  
EMAIL: [civilavmed@aol.com](mailto:civilavmed@aol.com)**