MEMBERSHIP APPLICATION
The Association of Medical Illustrators
PO Box 2271, Lexington, KY 40588-2271
866-393-4264 • FAX (859) 514-9166 • hq@ami.org • www.ami.org
USA Federal Tax ID 13-6188707

Please read all information carefully and answer all questions. Failure to answer a question may delay processing of your application.

A. General Information:

Mr / Mrs / Ms

Last name_____________________________________________________________________
First name_____________________________________________________________________
Initial............................................................................................................................

Street Address ________________________________________________________________

City ___________________ State / Province___________ Postal Code ___________

Country____________________________

Telephone__________________________ Fax_______________________________

The above contact information is: ____ Home ____ Business

Email address _________________________________________________________________

Current Position or Job Title____________________________________________________

Graduation Date (or anticipated date) from program in Medical Illustration __________

Name of College or University attended or currently enrolled in:___________________

How did you hear about the AMI?:__________________________________________

AMI Sponsor (for Professional membership applications only):
________________________________________________________________________

(must have been a Professional member in good standing for at least 5 years or a Certified Medical Illustrator)
B. Membership Categories:

PROFESSIONAL – includes those illustrators who make medical illustration their profession. They must demonstrate successful completion of college or graduate course work and/or demonstrate competency gained through experience in all or most of the following areas: human gross anatomy, embryology (developmental anatomy), histology (cellular biology), physiology, pathology, and course work in illustration, design and visual communication.

Graduates of Medical Illustration Programs who are approved by the Board of Governors as new Professional Members by the end of the year of the student's graduation are eligible to receive their first year Professional dues free! Check this box to apply!

To be eligible for the dues waiver, you must apply for Professional Membership by the end of the calendar year of your graduation (or the following calendar year if you are a December graduate). Upon approval, you will be eligible to vote in elections at the Annual Meeting, exhibit work in the Professional Salon, and receive first year Professional Membership dues-free. You may remain a student member for one annual meeting after graduation.

ASSOCIATE – includes those persons engaged in allied professions contributing to the field of visual education and communication in medicine and related sciences.

ASSOCIATE – TRIAL BASIS – The AMI board has instituted a pilot program for those applying for Associate Membership that will reduce the cost of membership who fulfill the following requirements: you are interested in medical illustration and want to learn more about the Association of Medical Illustrators, and you have not been a member during the past two years. This reduction in dues is only available for one year and ends on December 31, 2010. It is also non-renewable, and cannot be pro-rated. Members in this category are not eligible to vote, hold office, or participate in the mentor program. In addition, entry into the salon is not allowed under this option.

STUDENT – includes students in a graduate or undergraduate school studying medical illustration. Student membership expires after the first annual AMI meeting following graduation.

C. Requirements and Documentation:

PROFESSIONAL MEMBERSHIP

1) Graduates of AMI accredited schools must submit a copy of a diploma or transcript from an AMI accredited program. This satisfies all requirements for membership including academic experience and portfolio. In addition, please submit the application, $25.00 application fee, and a short letter of sponsorship from a faculty member who is an AMI certified medical illustrator or a Professional member in good standing for at least 5 years. The faculty sponsor reviews a portfolio.

2) Graduates of nonaccredited programs must submit the following documentation to their sponsor: application and $25.00 application fee, copy of transcripts and diploma,
sponsor’s guidelines and checklist (available from AMI headquarters), two letters of recommendation attesting that the applicant is a practicing medical illustrator and practices high ethical standards, and a portfolio (see #4 below). Applicant’s sponsor will mail the above documentation to AMI Headquarters.

3) All other applicants – same is #2 (transcripts/diploma is not required)
4) PORTFOLIO: REQUIRED for Graduates of non-accredited Programs and other applicants – slides or hardcopy of 10 pieces of original art work

RECOMMENDED - 1) videotape and other electronic images (applicant must have prior approval from sponsor), 2) original art (line, color or tone).

ASSOCIATE MEMBERSHIP
Applicants for Associate Membership should send the application, prorated dues, and application fee directly to AMI Headquarters.

ASSOCIATE MEMBERSHIP - TRIAL BASIS
Applicants for Associate Membership – Trial Basis should send the application and dues directly to AMI Headquarters.

STUDENT MEMBERSHIP
Applicants for Student Membership should send the following documentation to AMI Headquarters: the application, prorated dues, application fee, and a copy of current school registration.

D. Employment: (for Professional and Associate Applicants)

Starting with your present position, list in reverse chronological order all employment as a medical illustrator (or as a related professional). Attach an extra sheet if necessary.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Job Title</th>
<th>Employer</th>
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<tbody>
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E. For Professional Applicants Only:

Please indicate in which of the following areas you have had professional experience.

**Artwork for Publication:** Book Illustration____, Journal Illustration____, Instructional Manual Illustration____, Booklets, Brochures, etc.____, Wall charts____,
Other____________________
Specialty Areas: Original 3-D models_____, Cast reproductions of specimens_____, Prosthetics_____, Exhibit design_____, Forensic reconstruction_____, Computer-generated graphics_____, Other___________________________________________

Artwork for: Slide graphics_____, TV graphics_____, Animation_____, Exhibits_____, Medical/Legal_____, Computer Graphics_____, Other______________________________

F. Checklist of items required for membership: (Note: Applications for any category of membership can only be processed with all materials listed below.)

Professional Membership (Graduates of AMI Accredited Programs):
   _____ Application and $25.00 fee
   _____ Dues Payment $275.00 (prorated dues New Members Only, see table below)
   _____ Copy of diploma
   _____ Letter from faculty sponsor or a Professional member in good standing for at least 5 years

Professional Membership (Graduates of non-accredited Programs and other applicants):
   _____ Application and $25.00 fee
   _____ Dues Payment $275.00 (prorated dues New Members Only, see table below)
   _____ Copy of diploma and transcripts
   _____ Sponsor’s (CMI or a Professional member in good standing for at least 5 years)
   checklist and sponsorship letter
   _____ Two letters of recommendation

Associate Membership:
   _____ Application and $25.00 fee.
   _____ Dues Payment $275.00 (prorated dues New Members Only, see table below)

Associate Membership - Trial Basis:
   _____ Application
   _____ Dues Payment $100.00

Student Membership:
   _____ Application and $15.00 fee
   _____ Dues Payment $100.00 (prorated dues New Members Only, see table below)
   _____ Proof of applicable student status (faculty letter or copy of registration)

PRORATED DUES TABLE

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<thead>
<tr>
<th></th>
<th>Jan-Mar</th>
<th>Apr-June</th>
<th>July-Sept</th>
<th>Oct-Dec</th>
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<tbody>
<tr>
<td>Professional</td>
<td>275.00</td>
<td>206.25</td>
<td>137.50</td>
<td>67.70</td>
</tr>
<tr>
<td>Associate</td>
<td>275.00</td>
<td>206.25</td>
<td>137.50</td>
<td>68.70</td>
</tr>
<tr>
<td>Student</td>
<td>100.00</td>
<td>75.00</td>
<td>50.00</td>
<td>25.00</td>
</tr>
</tbody>
</table>
NOTE: an applicant for Professional Membership has the option of becoming a temporary Associate Member pending his/her acceptance as a Professional Member. Please check the appropriate response if you wish to choose this option and receive immediate benefits. Appropriate dues payment is required. Yes_____ No_____
G. PAYMENT INFORMATION

Make checks payable *(in US funds only)* to the Association of Medical Illustrators.  

___ Mastercard  
___ VISA  
___ Amex  

*(Check one)*

Name as it appears on card __________________________________________

Billing address

Billing Postal Code _______________________

Credit Card Number

Expiration Date (MM/YY) _____/_____

Signature


H. SUBMISSION INFORMATION

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<tr>
<th>Membership Category</th>
<th>Instructions</th>
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| PROFESSIONAL                               | Send application with payment to:  
|                                            | 201 E. Main Street, Ste. 1405  
|                                            | Lexington, KY 40507  
|                                            | Send portfolio and supporting materials to:  
|                                            | James A Perkins, CMI  
|                                            | 115 D’Angelo Pkwy  
|                                            | Avon, NY 14414-9425  
|                                            | For questions, contact:  
|                                            | James A Perkins, CMI  
|                                            | Phone: (585) 475-2443  
|                                            | E-mail: membership@ami.org |

| ASSOCIATE/STUDENT/TRIAL BASIS              | Send application materials to:  
|                                            | PO Box 2271  
|                                            | Lexington, KY 40588-2271  
|                                            | For questions, contact:  
|                                            | The Association of Medical Illustrators  
|                                            | Tel: 866-393-4264  
|                                            | Fax: 859-514-9166 |