



## 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 as #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.

<u>Dates</u>	<u>Job Title</u>	<u>Employer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **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**

	Jan- Mar	Apr- June	July- Sept	Oct- Dec
Professional	275.00	206.25	137.50	67.70
Associate	275.00	206.25	137.50	68.70
Student	100.00	75.00	50.00	25.00

**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

Membership Category	Instructions
<b>PROFESSIONAL</b>	<p><b>Send application with payment to:</b>            201 E. Main Street, Ste. 1405            Lexington, KY 40507</p> <p><b>Send portfolio and supporting materials to:</b>            James A Perkins, CMI            115 D'Angelo Pkwy            Avon, NY 14414-9425</p> <p><b>For questions, contact:</b>  <b>James A Perkins, CMI</b>            Phone: (585) 475-2443            E-mail: <a href="mailto:membership@ami.org">membership@ami.org</a></p>
<b>ASSOCIATE/STUDENT/TRIAL BASIS</b>	<p><b>Send application materials to:</b>            PO Box 2271            Lexington, KY 40588-2271</p> <p><b>For questions, contact:</b>  <b>The Association of Medical Illustrators</b>            Tel: 866-393-4264            Fax: 859-514-9166</p>