

# INFECTIOUS DISEASES SOCIETY OF ST. LOUIS

## MEMBERSHIP APPLICATION FORM [2016 CALENDAR YEAR OR 5 YEAR OPTION 2017—2021]

Secure online membership available at [www.wustl.edu/etransact](http://www.wustl.edu/etransact) or complete this form.

**Applicant Information—please type or print**

First Name MI Last Name MD PhD DO Pharm D Dsci Other  
Degree (check all that apply)

Preferred Mailing Address City State Zip

DaytimePhone Fax Email

Organizational Affiliation Title/Position

\*\*Member in training: Date Training Began / Date Training Will End (required) Name of training program director: Signature:

**Demographic Information** This information is useful in helping us design programs that meet our members' needs.  
Specialty based on completion of an approved training program (physicians only; check one)

Adult ID  Internal Med  Pediatric ID  Family Prac  Hospitalist  other

Primary Employment Affiliation (check one)

Private/Group Prac  Hospital/Clinic  Pharmaceutical/Biotech Industry  University/Med School  Other

Professional Activities (Write "1" for primary and "2" for secondary):

Administration  Basic Research  Public Health  Hospital Epi  Clinical Micro  Patient Care  Teaching/Ed  
 Other \_\_\_\_\_

**Please choose the membership category you are applying for:** (Please read the St. Louis ID Society membership information below for details on membership categories). Annual membership dues include chapter communications and special events.

**Member**  **Associate Member**  **\*\*Member-in-training (no charge)**  
[\$60.00 one calendar year] [\$60.00 one calendar year]  **5 year membership option: 300.00 (through 2020)**

Are you a current member of IDSA? \_\_\_\_\_ YES \_\_\_\_\_ NO Total amount enclosed: \$ \_\_\_\_\_

Three CONVENIENT WAYS TO JOIN! If you need assistance call (314) 454-8275.

ONLINE Secure online membership available at [www.wustl.edu/etransact](http://www.wustl.edu/etransact); scroll down to and click on: Infectious Diseases Society Membership and Event Registration under current sites and events.

MAIL this completed form with your check payable to ST. Louis ID Society and mail to:  
St. Louis ID Society, c/o Susan Wightman, BSN, Campus Box 8051, 660 South Euclid Ave., St. Louis, MO 63110

FAX this completed form with your credit card information to: Fax # (314) 454-8280

MasterCard  Visa  American Express  Discover

Enter the address where you receive the bill for this card:  **Same address as above**

Address City State Zip

Card # Exp. Date Signature

### Membership Categories and Criteria

**Member-in-Training** - Individuals are eligible to join the St. Louis Chapter as members-in-training as soon as they enter a postdoctoral program in infectious diseases, clinical microbiology or a related field. Members-in-training do not have voting privileges. Criteria: • Documented participation in an accredited postgraduate training in infectious diseases

• Have your application signed by your training program director

**Member**—Individuals are eligible to become members immediately upon completion of postdoctoral or equivalent training in infectious diseases or a related field. Physicians without formal ID training are eligible if the majority of their professional activities are in infectious diseases or a related field (50 percent or more of professional time), such as HIV/AIDS. Members have full voting privileges.

**Associate Member**—Individuals who do not have specific postdoctoral or equivalent training in ID or a related field may apply for associate membership in order to take advantage of educational opportunities provided by the St. Louis ID Society. Associate members do not have voting privileges and must be health care professionals (PA, NP, PharmD, RN).