



# ISTM Membership Form

ISTM requires a unique email address for each member as part of its member services security system. You MUST include an email address, for your membership cannot be processed without it. If you renew online, you will be prompted for this information. If you are submitting this to the ISTM Secretariat for processing, please make any needed corrections on the information listed above.

All memberships except those indicated include a subscription to the ISTM Journal and one listing in the Global Travel Clinic Directory. ISTM memberships are by person for 12 months, and are not transferrable to another person. They are renewable on the Anniversary date.

**Consider donating to the ISTM Foundation below!**

### Doctoral Membership (USD 175)

- DSc
- MD or equivalent (Medical Doctor)
- PhD or equivalent doctoral degree
- PharmD
- Other \_\_\_\_\_

### Associate Doctoral Membership (USD 75)

*MUST reside in a country classified by the World Bank as Low Income or Low-Middle Income.*

- DSc
- MD or equivalent (Medical Doctor)
- PhD or equivalent doctoral degree
- PharmD
- Other \_\_\_\_\_

### Associate Non-Doctoral Membership (USD 40)

- Nurse
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Travel Industry
- Other \_\_\_\_\_

### Non-Doctoral Membership (USD 105)

- Nurse
- Nurse Practitioner
- Pharmacist
- Physician Assistant
- Travel Industry
- Student/Trainee Membership

*Requires annual submission of a Training Certification Form found at [www.ISTM.org/Documents/Members/Student/trainingcertification.pdf](http://www.ISTM.org/Documents/Members/Student/trainingcertification.pdf). Membership includes only online access to the Journal and does not include a listing in the Global Travel Clinic Directory.*

- Other \_\_\_\_\_

**All Nurse, and Nurse Practitioners will automatically become a member of the Nursing Group and all Pharmacists will automatically become a member of the Pharmacist Group UNLESS you opt out below.**

- Nurses (opt out by checking box.)
- Pharmacists (opt out by checking box.)

**Please include my complimentary membership in one or more of the following ISTM Interest Groups:**

- Responsible Travel Interest Group
- Migrant and Refugee Health
- Pediatrics
- Psychological Health of Travellers
- Student Travel Abroad

### Retiree Membership (USD 105)

*MUST be retired and over the age of 65.*

Insert birthdate here: \_\_\_\_\_  
[day/month/year]

*Membership does not include listing in the Global Travel Clinic Directory.*

- DSc
- MD or equivalent (Medical Doctor)
- Nurse
- Nurse Practitioner
- Pharmacist
- PhD or equivalent doctoral degree
- PharmD
- Physician Assistant
- Travel Industry
- Other \_\_\_\_\_

### ISTM Store Orders

- Membership Certificate USD \_\_\_\_\_ (USD 15/each)  
Name on Certificate should read: \_\_\_\_\_
- ISTM Member Lapel Pin USD \_\_\_\_\_ (USD 10/each)
- 1000 Responsible Traveler/10 Tips for Healthy Travel Bookmarks USD \_\_\_\_\_ (USD 125/set)
- Shipping & Handling [Add USD 4.00 if ordering store item(s).] USD \_\_\_\_\_ (USD 4.00/total)**
- ISTM Store Order Total ..... USD \_\_\_\_\_**

- Additional Clinic Listings (can purchase 2 maximum, 1 is free) USD \_\_\_\_\_ (USD 100/clinic)
- MEMBERSHIP FEE (add fee previously selected.)** USD \_\_\_\_\_
- ISTM FOUNDATION Donation (Suggested Donation: USD 10) USD \_\_\_\_\_
- Total Due..... USD \_\_\_\_\_**

- Please do not include my name on any lists ISTM provides for commercial use unless indicated below.
- Please do not send me ISTM information by email.
- Please do not include my name on any lists ISTM provides for course/meeting information or for ISTM approved surveys or research opportunities.
- Telemarketing use of ISTM lists by sources other than ISTM is strictly prohibited.*

### Payment: Please tick the appropriate box.

- Check (Checks must be written in US Dollars from a US Bank Account.)

Credit Card:



If you are submitting your credit card information, please fax this completed form to +1.404.373.8283 to keep your information protected and secure. Do not email or send your credit card information through the post.

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Security Code: \_\_\_\_\_  
Located on back of MasterCard and Visa or front of American Express

Printed Name as it appears on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_