



# International Society of Travel Medicine

Established 1991

Promoting healthy travel worldwide



www.ISTM.org  
Select Member Services

Family/Last Name \_\_\_\_\_ Given/First Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Email (required) \_\_\_\_\_ Phone [+ ]( ) \_\_\_\_\_ Fax [+ ]( ) \_\_\_\_\_

## 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, as your membership cannot be processed without it. If you are submitting this paper form 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 of Travel Medicine* and one listing in the Global Travel Clinic Directory. ISTM memberships are by person for a defined amount of time, and are not transferrable to another person.

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

### Profession (check one)

- Doctoral MD or equivalent
- Doctor, DO
- Doctor, DSc
- Nurse\*
- Nurse Practitioner\*
- Other \_\_\_\_\_
- Pharmacist\* PharmD\*
- Physician's Assistant
- Student/Trainee
- Travel Industry

\*Those indicating Nurses, Nurse Practitioners, Pharmacists or PharmD professions will automatically be enrolled in the Nurse or Pharmacist Professional Group unless you check this box.

- Nurse Professional Group (opt out by checking box)
- Pharmacist Professional Group (opt out by checking box)

### Doctoral Membership

- 1 Year (USD 200)     5 Year (USD 875)
- Associate\* 1 Year (USD 75)

### Non-Doctoral Membership

- 1 Year (USD 125)     5 Year (USD 525)
- Associate\* 1 Year (USD 40)

\* Associate Members MUST reside in a country classified by the World Bank as Low Income or Low-Middle Income, and CANNOT be working as an Expatriate.

### Retiree Membership

Does not include a listing in the Global Travel Clinic Directory

- I confirm that I am retired from remunerated academic or clinical practice and/or consulting work. MUST be retired and over the age of 65. Insert birthdate here: \_\_\_\_\_ (day/month/year)

Check one:

- 1 Year (USD 105)     Lifetime (USD 1000)

### Student/Trainee Membership

- 1 Year (USD 105)

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

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

- Migrant and Refugee Health
- Psychological Health of Travellers
- Military Travel
- Responsible Travel
- Older Traveller
- Student Travel Abroad
- Pediatrics
- Travel for Work

**ISTM does not share or sell any member or customer contact information with any outside organization. Use of ISTM member or customer information by any outside source is strictly prohibited.**

- ISTM will send you information by email unless you check this box.

### ISTM Store Orders

- Membership Certificate (USD 15/each) USD \_\_\_\_\_
- Name on Certificate should read: \_\_\_\_\_

- ISTM Member Lapel Pin (USD 10/each) USD \_\_\_\_\_

- 1000 Responsible Traveler/10 Tips for Healthy Travel Bookmarks (USD 125/set) USD \_\_\_\_\_

Shipping & Handling [Add USD 4 if ordering store item(s).] (USD 4/total) USD \_\_\_\_\_

ISTM Store Order Total USD \_\_\_\_\_

- Additional Clinic Listings (members can purchase 1 additional listing) (USD 100/clinic) USD \_\_\_\_\_

- MEMBERSHIP FEE (Add fee previously selected.) USD \_\_\_\_\_

- ISTM Foundation Donation (Suggested Donation: USD 10) USD \_\_\_\_\_

Total Due..... USD \_\_\_\_\_

### 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

Cardholder Zip \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

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

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