

Individual Membership Renewal Statement

1. Membership Dues *(required-select one)*

- Regular \$150
 International \$150
 Fellow* \$75
 Student** \$25

*Post-doctoral and clinical fellows, not faculty or regular job appointments.

**Full-time undergraduate or graduate students. Please attach copy of student ID or letter from your school confirming enrollment.

2. Journal Subscriptions* *(optional)*

- Health Affairs* (U.S.) \$105
 Health Affairs (Students, U.S. only) \$84
 Health Affairs (International, including Canada) \$155
 HSR \$60

*Member subscription rates reflect discounts off the regular prices. Subscriptions are not transferable.

3. The Alice Hersh Memorial Fund *(optional)*

This memorial fund endows the Alice Hersh New Investigator Award, which recognizes the contributions of new scholars to the field.

Please check your contribution amount here:

- \$25 \$50 \$100 Other: _____

6. Member Profile

4. Total Amount Due \$ _____

(Total of dues, subscription(s), and Alice Hersh Memorial Fund)

5. Method of Payment

- Check *(Made payable to AcademyHealth in U.S. dollars)*

Please do not staple check to form.

- Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

(please print)

Signature: _____

AcademyHealth Federal Taxpayer ID No.: 52-1260918

**Dues and journal subscription rates valid through
December 31, 2008.**

7. Interest Groups



AcademyHealth

AcademyHealth is the professional home for health services researchers, policy analysts, and practitioners, and a leading, non-partisan resource for the best in health research and policy.

8. Changes to My Contact Information *(please print)*

Please update my primary contact information as follows:

Name _____ Degrees Earned _____

Title _____

Organization _____

Department/Center _____

Address _____

City _____ State _____ Zip _____

Country _____

Telephone _____ Fax _____

Email (important) _____

How may we contact you?

Please send my membership information (renewals, receipts, etc.) by: Mail Fax Email

Please check here if you do **NOT** want your contact information included in AcademyHealth's online Membership Directory.

Membership Benefits include:

- Discounts on conference and seminar registration fees.
- Discount on subscriptions to *HSR* and *Health Affairs*, AcademyHealth's official journals.
- Access to online services including a searchable membership directory and résumé bank, exclusive publisher discounts, and funding announcements.
- Participation in topic-focused Interest Groups.
- Crucial support for federal and state funding and policy initiatives from the Coalition for Health Services Research, the advocacy arm of AcademyHealth.
- Subscription to AcademyHealth's three membership newsletters.

Dues Invoice Details

- For students, your entire dues payment goes to AcademyHealth for membership.
- For regular members, \$50 of your dues supports the Coalition for Health Services Research, Inc.*

* For members outside the United States, this payment is redirected to support international member services.

A portion of your renewal dues may be tax deductible. Please consult your tax advisor for more information.

Thank you
for renewing!

Questions? Contact our member services team at:

AcademyHealth

1150 17th Street NW, Suite 600, Washington, DC 20036

tel: 202.292.6700 • fax: 202.292.6800

membership@academyhealth.org • www.academyhealth.org