

American Burn Association  
 625 N. Michigan Avenue, Suite 2550 ♦ Chicago, IL 60611  
 Phone (312) 642-9260 ♦ Fax (312) 642-9130  
 Email info@ameriburn.org ♦ Home Page www.ameriburn.org



<b>Membership Application</b>		<b>LEAVE BLANK—FOR ABA USE</b>	
<b>American Burn Association</b>		<b>Number</b>	
<b>NAME</b> <i>(First, middle, last)</i>		<b>DEGREE</b>	
		<b>Received</b>	
		<b>Packet Mailed</b>	
<b>POSITION/TITLE/SPECIALTY/DISCIPLINE</b> Please Circle Physician Mid-Level Provider Nurse Respiratory Nutrition Psychology Social Work Basic Science Rehabilitation Therapist Firefighter Burn Survivor Chaplain Other _____		<b>BUSINESS ADDRESS</b> Please type/print, or attach business card	
<b>DEGREES/CREDENTIALS</b> Please Circle MD RN PT OT PhD RD PA-C Firefighter RT LPN Social Worker Other _____			
<b>BUSINESS TELEPHONE, FAX, EMAIL</b> TEL FAX EMAIL			
<b>PREFERRED MAILING ADDRESS</b> <input type="radio"/> Business <input type="radio"/> Home		<b>HOME ADDRESS</b>	
<b>PREFERRED LISTING FOR MEMBERSHIP DIRECTORY</b> <input type="radio"/> Business <input type="radio"/> Home		<b>HOME TELEPHONE</b>	
<b>MEMBERSHIP DUES</b>			
<b><u>FOR THE UNITED STATES &amp; CANADA</u></b>			
PHYSICIANS/FELLOWS		\$340 Annual Dues + \$65 Initiation Fee = <b>\$405 TOTAL</b>	
RESIDENTS, NURSES			
& OTHER NON-PHYSICIANS		\$140 Annual Dues + \$65 Initiation Fee = <b>\$205 TOTAL</b>	
MEDICAL/OTHER STUDENTS		\$80 Annual Dues + \$65 Initiation Fee = <b>\$145 TOTAL</b>	
<b><u>OUTSIDE OF THE UNITED STATES &amp; CANADA – PLEASE ADD \$45 TO THE ABOVE AMOUNTS</u></b>			
<b>PAYMENT INFORMATION</b>			
To receive resident or student rates, a letter from your faculty advisor must accompany dues payment.			
Check or Money Order Enclosed for Total of \$ _____			
Credit Card Number: _____		Expiration Date: _____	
<input type="checkbox"/> American Express		<input type="checkbox"/> Mastercard	
<input type="checkbox"/> Visa		Signature: _____	
<b>REFERRED TO THE ABA BY (optional)</b>			
<b>Applicant Signature</b>			<b>Date</b>