**International Academy of Aviation and Space Medicine**

**Instructions for Corporate and Sustaining Membership**

**I. Corporate and Sustaining Membership**

Corporate membership is available to science, industry, and professional organizations supporting the advancement of Aviation and Space Medicine. Entities with an interest, experience, or product related to aviation or space medicine will be considered for corporate membership. The following is a list of corporations or organizations, which would be appropriate to apply for membership:

1. Aeromedical Equipment manufacturers
2. Aerospace Engineering/manufacturing
3. Aerospace Medicine organizations
4. Aerospace physiology organizations
5. Air Transportation companies and corporations, ATC organizations
6. Aeromedical transportation/organizations
7. Environmental health organizations and companies in aviation and space medicine
8. Health care service organizations in aviation and space medicine
9. Human factor/behavioral physiology organizations with primary efforts in the Aviation or Space field
10. Human factors/engineering companies/organizations in aviation and space medicine
11. Life sciences research
12. Aeromedical nursing services organizations
13. Occupational medicine companies/organizations particularly directed to Aviation and Space medicine.

The entity under which application is made will be required to be defined by the applicant organization.

**II. Benefits of Membership:**

Benefits of Membership include, but not limited to, the following:

a) Designation as a corporate and sustaining member.

b) Publication in literature of the IAASM which contains members names and corporate and sustaining members.

c) The option to indicate in commercial advertising that the entity is a corporate/sustaining member of the International Academy of Aviation and Space Medicine.

d) Receive notification of all International Academy of Aviation and Space Medicine activities to include the meetings conducted at the Aerospace Medical Association and the International Academy of Aviation and Space Medicine Scientific Congress.

e) One copy of any scientific monograph produced by members of the International Academy of Aviation and Space Medicine.

f) Participation in Academy events conducted at the annual scientific congress.

g) Member and sustaining corporate members will not have a vote at the annual business meeting.

h) Corporate and sustaining members cannot hold office.

**III. Procedure for Application:**

The organization/corporation wishing to become a corporate/sustaining member of the International Academy of Aviation Medicine should complete the application form for corporate/sustaining membership of IAASM. The form should be submitted with a non-refundable application fee of US$300 (also covers subscription for the remainder of the year of application). The application should be forwarded with the application fee to the Secretary General:

**Dr. Anthony Evans**

 **8 Cambridge**

 **Baie d’Urfé,**

**Quebec H9X 2V4**

 **Canada**

 **Fax: +1 514 505 0729**

 **e-mail: evansadb@gmail.com**

**IV. Responsibilities of Applicant:**

a) One member of the organization/entity will be the designated member to receive communication and to attend the functions of the International Academy. Should this individual be unavailable an alternate member may be designated by the corporation/organization to attend.

b) The applicant corporation/organization certifies that the entity and its staff members or employees have not been disbarred from receiving government contracts, payments, and is not under any fraud or current investigation by any state, federal, or government agency.

c) The entity and/or the designated member will immediately notify the Secretary General if any adverse action as above or other actions which would bring discredit to the Academy.

Information regarding the application may be obtained on the International Academy of Aviation and Space Medicine web site: www.iaasm.org.

 **V. Annual Dues:**

An annual contribution of $250.00 is required for corporate and sustaining membership in the International Academy of Aviation and Space Medicine

 **VI. Approval of Membership:**

a)Each corporate/sustaining membership application will be reviewed and approved/rejected by the Executive Council.

b) Secretary General will notify applicant of approval/rejection.

 **Attachment:** Application for corporate and sustaining membership.

**APPLICATION FOR CORPORATE AND SUSTAINING MEMBERSHIP**

**I.** This application is submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Organization/Corporation/Professional Society)

**II.** By this application, the Corporation/Organization/Professional Society accepts and commits to the objectives of the International Academy of Aviation and Space Medicine as follows:

a) To promote the development of the scientific base of aviation and space medicine.

b) To encourage and foster research in the fields of aviation and space medicine.

c) To promote the exchange of information, ideas, and experience in aviation and space medicine.

d) To improve teaching of aviation and space medicine.

e) To foster the training of experts (specialists) in aviation and space medicine.

f) To facilitate international cooperation and exchange among individuals and organizations involved in aviation and space medicine.

g) To provide an international source of recognized expertise in all areas of aviation and space medicine.

**III.** The organization is engaged in the following areas related to the field of Aviation and Space Medicine:

(Explain in detail the mission/product/scientific endeavors of the organization/corporation/

professional society)

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**IV.** The designated individual to represent the corporation/organization is:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Street address, city, state, zip, and country)

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V.** I certify that the organization, staff members or employees described herein have not been disbarred from receiving government contracts, payments and is not under any fraud or current investigation by any state, federal, or other government agencies.

**VI.** I certify that I am authorized to execute this agreement on behalf of the corporation/organization/scientific society.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VII.** Send the completed application with the non-refundable fee of $300 (U.S.) to:

**Dr. Anthony Evans**

 **8 Cambridge**

 **Baie d’Urfé,**

**Quebec H9X 2V4**

 **Canada**

 **Fax: +1 514 505 0729**

 **e-mail: evansadb@gmail.com**

If paying by International Money Order or Bank Draft, please draw the draft from a Canadian bank and make it payable to: **The International Academy of Aviation and Space Medicine.**  If the currency in your bank account is in US Dollars and your bank has an association with a US and/or Canadian bank, you may pay by cheque, payable to: **The International Academy of Aviation & Space Medicine.**

If you wish to pay by Credit Card, **AMEX, MasterCard, or Visa,** please fill in the required information below.

**CREDIT CARD INFORMATION: AMEX\_\_\_ MASTERCARD\_\_\_ VISA\_\_\_**

**NAME on CARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_\_/\_\_\_\_\_\_**

m/m y/a

**CARD NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_** (on reverse of credit card)

(**PLEASE TYPE OR WRITE VERY CAREFULLY)**

ADDRESS (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE**: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ d/j m/m y/a