



Membership Application

**If you are enrolling multiple members from the same organization,
please use a separate form for each member.**

I am applying for the following membership in GAME:

____ Annual membership (\$150)

Member Information:

Title (Mr, Ms, Dr, etc) _____ Name _____

Degree (MD, PhD, etc) _____ Position or Job Title _____

Company/Organization Name _____

Street Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Telephone _____ Fax _____

Email _____

Payment Information:

____ I am paying by check

____ I am paying by credit card ____ Visa ____ MasterCard

Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature _____

Please complete this form and mail with check or credit card information to:

Global Alliance for Medical Education
c/o Celene Chasen
Manager of Corporate Relations
Office of Continuing Medical Education, Baylor College of Medicine
1 Baylor Plaza, MS: BCM155
Houston, TX 77030
USA

If paying by credit card, this form can also be faxed to:

713-798-6516

For additional information about GAME membership, please contact:

Celene Chasen, GAME Membership Chair
Email: membership@game-cme.org, Phone: 713-798-4024