

# American Association of Clinical Anatomists

## Application for Membership

Membership type desired:                      Active (regular)  
    Affiliate (BACA members)  
    Associate (student/resident)

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

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

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

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

Phone: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

(optional) Spouse's name: \_\_\_\_\_

(optional) Home address: \_\_\_\_\_

\_\_\_\_\_

Print spouse's name in the AACA Membership Directory?                      Yes                      No

Current Institutional Affiliation: \_\_\_\_\_

Academic Training:

Degree(s) and Awarding Institution(s):

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

Field of Specialization: \_\_\_\_\_

Names of Sponsors: \_\_\_\_\_

\_\_\_\_\_

Candidates for Active Membership are required to submit their Curriculum vitae, a completed application and two letters of recommendation. One sponsor must be a member of the AACA, and the other may be a nonmember colleague. In the case of Associate Membership, only the letter from an AACA member is required. Applications are reviewed semi-annually. Approved applicants will be billed for dues following approval. Membership is effective upon receipt of dues.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If applying as an Associate Member: Expected graduation date \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean or Department Chair

\_\_\_\_\_  
Name typed or printed

# American Association of Clinical Anatomists

## Criteria for Membership

For **active** (regular) **membership**, substantive interest in the goals of the AACA is required. Clear evidence of interest in Clinical Anatomy (gross, histologic, developmental and/or neurologic anatomy as applied to clinical practice) and the maintenance of high standards in the teaching of anatomy. should be provided. Required are at least two pertinent publications or other documentation of interest as provided in the applicant's *Curriculum vitae*. In lieu of appropriate publications, other documentation shall consist of producing a record of significant teaching in anatomy in accredited Colleges or Universities. Administrative or other experience in the field of anatomy as applied to education, or the provision of health care and safety, shall also be considered.

**Two letters of sponsorship** that testify to the applicant's interest in the goals of the AACA are also required. One must come from a member of the Association, while the other may be from a nonmember colleague.

For **associate** (student/resident) **membership** a letter of sponsorship from a *member and a signature of the applicant's Dean or department Chair*, who will also provide the expected date of graduation or completion of residence training, are required. Associate members are expected to achieve active membership status at the first meeting after the graduate or complete their training.

***The deadline for receipt of applications for membership is September 1st annually.*** Applications are reviewed by the Membership Committee. The Committee then makes its recommendations to Executive Council at its interim meeting in October. In the absence of objection, new members thus approved shall be billed for dues *for the upcoming year* in November. ***Membership will become effective on receipt of dues***, at which time subscription to the official journal of the Association, *Clinical Anatomy* (Wiley-Liss), will be entered. New members will begin receiving their copy of *Clinical Anatomy* in January of the upcoming year. Each new member is expected to be present at the Annual Business Meeting in June of the following year, at which time they will be introduced and *Certificates of Membership* shall be presented.

Please mail completed applications and documentation to:

Carol Scott-Conner, M.D., Ph.D., F.A.C.S.  
Chair, AACA Membership Committee  
Department of Surgery  
1516JCP, College of Medicine  
University of Iowa Hospitals and Clinics  
200 Hawkins Drive  
Iowa City, IA 52242-1086  
U.S.A.

**or**

send them by e-mail to: [iana-slagle@uiowa.edu](mailto:iana-slagle@uiowa.edu)