



AIM Dues

Membership dues are critical to ensuring greater financial independence of AIM and flexibility to support activities that are not funded by project-specific grants and cooperative agreements. The goal of the AIM dues structure is to provide \$100,000 annually to support staff and activities not funded by other projects. Approximately 10%, or \$10,000, must be unrestricted (no federal funds) in order to support advocacy activities.

The dues structure is tiered, with dues amounts ranging from \$1,000 to \$3,000, based on population. All AIM members will be invoiced annually according to the tiered structure; however, participation and membership in AIM is not contingent upon payment of dues. AIM will work with members to receive any level of payment, including amounts higher than invoiced.

Dues Tiers:

TIER	AMOUNT CHARGED	POPULATION CRITERIA (2013 Census)	AWARDEES
1	\$1,000	Territories and 582,658 to 935,749	13: WY; VT; DC; ND; AK; American Samoa; Guam; Republic of Marshall Islands; Federated States of Micronesia; Northern Mariana Islands; Palau; Puerto Rico; Virgin Islands
2	\$1,500	1,015,165 to 1,868,616	12: SD; DE; MT; RI; NH; ME; HI; San Antonio; Philadelphia; ID; WV; NE
3	\$2,000	2,085 to 3,930,065	12: NM; Houston; Chicago; NV; KS; UT; AR; MS; IA; CT; OK; OR
4	\$2,500	4,395,295 to 6,971,406	14: KY; LA; SC; AL; CO; MN; WI; MD; MO; TN; IN; AZ; MA; WA
5	\$3,000	8,260,405 to 37,253,959	13: VA; NYC; NJ; NC; MI; GA; IL; PA; NY; OH; FL; TX; CA

AIM members have the option of paying an additional \$1,500 per immunization programs staff person in dues to cover travel expenses to the AIM Leadership Development Conference June 5-7, 2018 in San Diego, California. [Travel will be arranged by the staff person through AIM’s travel agent with cost covered by AIM. AIM will provide government rate per diem for meals and incidental expenses, hotel room and reimbursement for ground transportation expenses.]

Use of Collected Dues Funds

AIM dues will be combined with unrestricted funds raised from the AIM Corporate Alliance Program to support: staff salaries and fringe benefits, organization infrastructure, travel for AIM staff and members to critical conferences and meetings, and membership services and communications (outside of specific CDC and other grant deliverables).

Specifically, dues funding supports the following current or planned activities:

- Participation on committees and work groups with partners (ASTHO, NACCHO, AAP, CDC, National Influenza and Adult Summit, ECBT, IAC, MPP, ACOG, NFID);
- Responses to inquiries and requests for information from policymakers, partners, and members;
- Development and distribution of educational materials and fact sheets;
- Presentations on key issues (such as vaccine storage and handling, immunization infrastructure, impact of funding cuts, etc.) at conferences and meetings;
- Solicitation of feedback and input from AIM members to share with partners and influence the development of sound national policies;
- Implementation of the AIM Annual Survey to assess state, territorial and local immunization environment and track trends;
- Production of the AIM Annual Survey report;
- Involvement in research projects involving immunization programs;
- Review and recommendations on all survey and interview requests sent to program managers;
- Annual conference to provide networking, educational and training opportunities for program managers and program staff;
- Circulation of questions and queries from one program to all programs, with collection and circulation of responses,
- Development and distribution of the AIM Weekly Update newsletter;
- Organization and execution of monthly membership calls, Executive Committee calls and other AIM policy committee calls and meetings;
- Maintenance and enhancement of website;
- Development of AIM Annual Report and AIM Strategic Map;
- Development of grants and fundraising proposals;
- Professional financial reviews (audits) and human resources support; and
- Development and communication of AIM positions on issues, challenges, and policies.

Passed by the AIM Executive Committee, September 2014

Passed by the AIM General Membership (vote of 38 in favor, 5 opposed), October 2014

Enacted October 27, 2014

Revised November 13, 2017