

APPLICATION FOR MEMBERSHIP



Please provide all applicable information.

PERSONAL INFORMATION

Name (First, Middle, Last), Title (MD or DO) Maiden name (verification purposes only)

Birthdate (mm/dd/yyyy) Country of Citizenship Male Female

E-mail Address *(If you join a section of membership, you must provide a valid e-mail address to participate in section electronic voting and to receive section newsletters.)*

HOME

Street/Apartment #

City/State/ZIP/Country

Telephone (please include area code) Fax (please include area code)

MEDICAL SCHOOL, HOSPITAL OR MILITARY BASE

Medical School, Hospital, or Military Base Name

Street

City/State/ZIP Country

Telephone (please include area code) Fax (please include area code)

PROFESSIONAL INFORMATION

Certifying Board

Certification Specialty

Certification Date Recertification Date

Military Term of Duty Rank

MEDICAL LICENSURE INFORMATION

License/Certification Number to practice medicine
Ever Revoked/Suspended Yes No

ECFMG Number (Foreign) Ever Revoked/Suspended Yes No

LLCM Number (Canadian) Ever Revoked/Suspended Yes No

SIGNATURE

My signature certifies that the information contained in this application is true and is an indication of my desire to become a member of the Emergency Medicine Residents' Association and the American College of Emergency Physicians, to abide by their Bylaws, and to accept responsibility for any dues which may be assigned for as long as I continue membership.

Signature

Date

EDUCATIONAL INFORMATION

Medical School, City/State/Country Start date End date

Internship/Hospital, City/State/Country Start date End date

Emergency Medicine Residency, City/State/Country Start date End date

Fellowship/Hospital, City/State/Country Specialty Start date End date

Please make certain that your application contains the following information, if applicable, for immediate processing:

- Licensure information
- Educational information
- ECFMG number (foreign medical graduates only)
- Signature

ACEP and EMRA dues are nonrefundable and are not deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. Dues rates are subject to change based on chapter and national Board of Directors' actions.

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ACEP SECTIONS

ACEP sections of membership are organized groups of members that share a common interest. Membership is optional, and members may join as many sections as they choose. Please indicate on this application which section(s) you wish to join and add the appropriate amount to your dues payment. You must provide a valid e-mail address to receive section newsletters.

- Air Medical Transport
- American Association of Women Emergency Physicians (AAWEP)
- Careers in Emergency Medicine
- Critical Care Medicine
- Cruise Ship Medicine
- Democratic Group Practice
- Disaster Medicine
- Dual Training
- Emergency Medical Informatics
- Emergency Medicine Practice Management and Health Policy
- Emergency Medicine Research
- Emergency Medicine Workforce
- Emergency Telemedicine
- Emergency Ultrasound
- EMS – Prehospital Care
- Event Medicine
- Forensic Medicine
- Freestanding Emergency Centers
- Geriatric Emergency Medicine
- International Emergency Medicine
- Medical Directors
- Medical Humanities
- Observation Medicine
- Pain Management & Addiction Medicine
- Palliative Medicine
- Pediatric Emergency Medicine
- Quality Improvement & Patient Safety
- Rural Emergency Medicine
- Social Emergency Medicine
- Sports Medicine
- Tactical Emergency Medicine
- Toxicology
- Trauma and Injury Prevention
- Undersea and Hyperbaric Medicine
- Wellness
- Wilderness Medicine
- Young Physicians

RESIDENT/FELLOWSHIP MEMBERSHIP

ACEP/EMRA Dues (required).....\$ _____

Single Year: \$105

Three Year: \$289 *Special rate for residents only, +3 yrs of chapter dues (and section dues, if applicable).*

Four Year: \$349 *Special rate for residents only, +4 yrs of chapter dues (and section dues, if applicable).*

Chapter Dues (required).....\$ _____

Select chapter by location of your hospital

<input type="checkbox"/> Alaska: \$25	<input type="checkbox"/> New York: \$20
<input type="checkbox"/> DC: \$20	<input type="checkbox"/> N Dakota: \$75
<input type="checkbox"/> Illinois: \$30	<input type="checkbox"/> Ohio \$20
<input type="checkbox"/> Maine: \$25	<input type="checkbox"/> Pennsylvania \$20
<input type="checkbox"/> Maryland: \$20	<input type="checkbox"/> S Carolina \$25/\$50
<input type="checkbox"/> Michigan: \$35	<input type="checkbox"/> Texas: \$25
<input type="checkbox"/> Missouri: \$0/\$100	<input type="checkbox"/> Vermont: \$50
<input type="checkbox"/> Nevada: \$50	<input type="checkbox"/> Virginia \$20
<input type="checkbox"/> New Jersey: \$25	<input type="checkbox"/> Puerto Rico \$0/\$75

Section Dues (after first, \$20 ea – per yr).....\$ _____

Young Physician Section \$0.00

_____ \$0.00

2nd Free Section Selection _____ \$20.00 ea

Indicate Other Section(s) _____

TOTAL\$ _____

MEDICAL STUDENT MEMBERSHIP

ACEP/EMRA Dues.....\$ _____

Single Year: \$55

Two Year: \$99

If paying for 2 years, please be sure to include 2 years of chapter dues (and section dues if applicable).

Chapter Dues (required per year).....\$ _____

Select chapter by location of your hospital

<input type="checkbox"/> Alaska: \$25	<input type="checkbox"/> New Jersey: \$10
<input type="checkbox"/> DC: \$20	<input type="checkbox"/> N Dakota: \$25
<input type="checkbox"/> Illinois: \$30	<input type="checkbox"/> Ohio \$5
<input type="checkbox"/> Maryland: \$20	<input type="checkbox"/> Vermont: \$50
<input type="checkbox"/> Nevada: \$50	

Section Dues (after first, \$20 ea – per yr).....\$ _____

Young Physician Section \$0.00

_____ \$0.00

2nd Free Section Selection _____ \$20.00 ea

Indicate Other Section(s) _____

TOTAL\$ _____

Additional sections are \$20 each per year – include with membership dues payment

MAIL YOUR COMPLETED APPLICATION WITH PAYMENT TO...

American College of Emergency Physicians
Member Services Department
PO Box 619911
Dallas, TX 75261-9911

or, fax this form to...972-999.4624

For additional information...

Visit: www.acep.org
Call: 844-381-0911
E-mail: membership@acep.org

International Residents
(Excluding Canada)

ACEP only: \$45
 EMRA only: \$25
 Combined: \$70

General Medical Officers

ACEP First Year: \$308
Govt Services Chapter dues: \$0
EMRA Active Dues: \$50

PAYMENT OPTIONS

Make checks payable to ACEP. VISA MasterCard American Express Discover
Please charge my credit card. Personal Card Corporate Card

Card Number _____ Security Code _____ Expiration Date _____

Billing Address _____ City _____ State _____ Zip _____

Name as it appears on credit card _____

Signature _____

Your Welcome Kit and ACEP ID card will be sent via e-mail. Check here if you prefer we send your ID card via USPS.
ACEP and EMRA dues are nonrefundable and are not deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. Dues rates are subject to change based on chapter and national Board of Directors' actions.