AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

CHAPTER DUES AND DISBURSEMENT AUTHORIZATION

TO: Maude S. Hancock, Chapter Services Manager

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter of ACEP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

NOTE 1: THIS FORM MUST BE COMPLETED (i.e., all items circled, all blanks filled in) AND RETURNED VIA EMAIL TO [chapters@acep.org](mailto:chapters@acep.org) BEFORE YOUR DUES OR DISTRIBUTION CHANGES CAN BE PROCESSED. If you have any questions contact Chapter Services at 800-798-1822, ext. 3142.

NOTE 2: Because members are billed for renewal dues 90 days in advance of their due dates, this form must be received at ACEP 120 days before the specific due date of the members affected by the change.

1. \_\_Please implement collection of the following dues amounts for our chapter. These rates were authorized by our Chapter \_\_Board of Directors \_\_ members on \_\_/\_\_/\_\_. (Indicate the amount to be collected for each member category below.)

Or

\_\_Please continue to collect dues at the current rates.

1. Renewal Dues

Collection of renewal dues for the following categories of membership will begin with the next initial renewal billing mailed. See Note 2 above. (Please only enter whole dollars for dues amounts. Dues are rounded to the nearest dollar for billing purposes.)

(Optional)

Category Sub-category Dues $ % of active

Regular member dues Regular $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

1st practice year after residency/fellowship $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

2nd practice year after residency/fellowship $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

3rd practice year after residency/fellowship $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Inactive $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Life $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Retired $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Retired Inactive $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Candidate member dues Resident (includes Intern) $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Fellow in Training $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Medical student $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

1. New Member Dues

Collection of new member dues for the following categories of membership will begin with the next initial new member billing mailed. (Please only enter whole dollars for dues amounts. Dues are rounded to the nearest dollar for billing purposes.)

(Optional)

Category Sub-category Dues $ % of active

Regular member dues Regular $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

1st practice year after residency/fellowship $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

2nd practice year after residency/fellowship $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

3rd practice year after residency/fellowship $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Candidate member dues Resident (includes Intern) $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Fellow in Training $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Medical student $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

1. Restart Membership Dues (Restarts are members who are joining after a period of lapsed membership.) Which rate would you like to apply to Restart members? *Check one.*

\_\_\_\_\_\_\_Please use New Member Dues rates from section B.

\_\_\_\_\_\_\_Please use Renewal Dues rates from section A.

1. The dues collected for our Chapter should be: (check one)

\_\_\_A. Retained by Headquarters.

\_\_\_B. Made payable to the Chapter and sent monthly to 1) \_\_\_ the *Chapter Treasurer, 2)\_\_\_ to the Chapter Office or 3) \_\_\_ directly to the Chapter bank, or* (one of the 3 options must be checked).

**NOTE:** If check is made payable to the Chapter’s bank, please provide bank name and address, chapter account number and bank routing numbers.

The Headquarters will provide a list of members who have paid dues during each month and a monthly account statement, itemizing all income and disbursements on behalf of the Chapter. These monthly reports will be distributed to the Chapter President, Chapter Treasurer, and the Chapter Office (if applicable). For questions regarding the monthly statement, contact the Finance Department at 800‑798-1822, ext. 3138.

1. Chapter withdrawals against the Chapter account MADE PAYABLE TO THE CHAPTER: (one must be checked)

\_\_\_A. Must be approved in writing.

\_\_\_B. Chapter withdrawals may be verbally authorized by:

YES NO

\_\_\_\_ | \_\_\_\_ 1. Chapter President

\_\_\_\_ | \_\_\_\_ 2. Chapter Treasurer

\_\_\_\_ | \_\_\_\_ 3. Chapter Executive

\_\_\_\_ | \_\_\_\_ 4. Other, be specific \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Chapter disbursements NOT PAYABLE TO THE CHAPTER: (check YES or NO for each item)

**IF LEFT BLANK, NO IS ASSUMED.**

YES NO YES NO

\_\_\_\_ | \_\_\_\_ A. Must be approved in writing. \_\_\_\_ |\_\_\_\_ 1. Chapter President

\_\_\_\_ | \_\_\_\_ B. May be verbally authorized. \_\_\_\_ |\_\_\_\_ 2. Chapter Treasurer

\_\_\_\_ | \_\_\_\_ C. May be approved even if disbursement \_\_\_\_ |\_\_\_\_ 3. Chapter Executive

is payable to individual making request. \_\_\_\_ |\_\_\_\_ 4. Other, be specific

\_\_\_\_ | \_\_\_\_ D. May be authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**BOTH SIGNATURES MUST BE PROVIDED**

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Term of Office Treasurer Term of Office

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

Date Date

A confirmation copy will be returned to you in approximately two weeks. If you have not received your confirmation copy, please contact Maude S. Hancock at 800-798-1822, extension 3142.

For office use:

\_\_\_\_\_ Finance Copy Renewal due date affected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Chapter Services Copy New member due date affected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Member Services Copy Date change made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Chapter Copy By whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 8/17