

ACEP GUIDE AND RETIRED APPLICATION

BACKGROUND

The Council adopted and the Board of Directors approved a resolution in October 2000 establishing the retired category of membership. The resolution was sponsored by the Membership Committee and Board of Directors.

The Council adopted and the Board of Directors approved a resolution in October 2005 whereby the life and retired categories of membership were combined. The resolution was sponsored by the Membership Committee and Board of Directors.

CRITERIA

Any member who has retired from medical practice, may upon application to the Board of Directors, be elected to retired membership. Retired membership shall not affect fellowship status. Retired membership does not qualify toward tenure requirements for life membership. The Board of Directors may make exceptions under unusual circumstances.

RIGHTS OF RETIRED STATUS

Retired status will not affect fellow status. However, retired membership does not qualify toward tenure requirements for life membership. Retired members retain all rights to vote and hold office in the College.

ANNUAL DUES

Annual dues for retired status are set at 1/3 of the national dues and applicable chapter dues as noted on the reverse side of this application.

APPLICATION FORMS

Members applying for retired status must do so on the official application form approved by the Board of Directors for the current year. Return the completed form to ACEP - Member Services Department - PO Box 619911, Dallas, Texas 75261-9911. If you would like to pay your dues using Visa, MasterCard, American Express, or Discover, please complete the credit card information on the reverse side.

NOTIFICATION

After review of a member's application for retired status, the member will receive official notification of assent or rejection of the application.

Member Services
October 2014

Adopted by the Board of Directors October 2014

RETIRED STATUS APPLICATION

I, _____, have retired from medical practice
Member's full name and title

and meet the ACEP membership requirement outlined in the ACEP Bylaws.

ACEP Member #: A _____ Today's Date: _____ Membership Expiration Date: _____

My signature below certifies that the information contained on this application is true and that I meet the qualifications for retired status in the American College of Emergency Physicians.

Signature

Address

Date

City/State/Zip Code

RETIRED MEMBERSHIP CHAPTER DUES*

Alabama	\$100.00	Nebraska	\$95.00
Alaska	\$25.00	Nevada	\$125.00
Arizona	\$25.00	New Hampshire	\$33.00
Arkansas	\$100.00	New Jersey	\$100.00
California	\$99.00	New Mexico	\$150.00
Colorado	\$100.00	New York	\$84.00
Connecticut	\$0	North Carolina	\$200.00
Delaware	\$100.00	North Dakota	\$75.00
District of Columbia	\$85.00	Ohio	\$100.00
Florida	\$125.00	Oklahoma	\$125.00
Georgia	\$92.00	Oregon	\$50.00
Hawaii	\$150.00	Pennsylvania	\$75.00
Idaho	\$120.00	Rhode Island	\$0
Illinois	\$199.00	South Carolina	\$50.00
Indiana	\$50.00	South Dakota	\$0
Iowa	\$0	Tennessee	\$0
Kansas	\$100.00	Texas	\$88.00
Kentucky	\$25.00	Utah	\$120.00
Louisiana	\$150.00	Vermont	\$0.00
Maine	\$50.00	Virginia	\$125.00
Maryland	\$265.00	Washington	\$74.00
Massachusetts	\$0	West Virginia	\$175.00
Michigan	\$115.00	Wisconsin	\$50.00
Minnesota	\$0	Wyoming	\$50.00
Mississippi	\$100.00	Puerto Rico	\$100.00
Missouri	\$50.00	Government Services	\$160.00
Montana	\$50.00		

***Dues are subject to change.**

Please charge my credit card as follows:

_____ Visa _____ MasterCard Discover _____ _____ AMEX

Card Number: _____

Expiration Date: _____ Sec Code: _____ Billing Zip Code: _____

Signature: _____

\$205.00 National Dues **(REQUIRED)**
 \$ _____ Chapter Dues _____ (Specify State) **(REQUIRED)**
 \$ _____ **Total**