

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.)*

Referred By/Source Code

PROFESSIONAL INFORMATION

Certifying Board

Certification Specialty

Certification Date

Recertification Date

Military Term of Duty

Rank

MEDICAL LICENSURE INFORMATION

License Number 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 American College of Emergency Physicians, to abide by its Bylaws, and to accept responsibility for any dues which may be assigned for as long as I continue membership and I will fulfill such postgraduate requirements as determined by the Board of Directors.

Signature

Date

PLEASE NOTE: Applicants for Active membership must be board certified in emergency medicine by the American Board of Emergency Medicine (ABEM), the American Osteopathic Board of Emergency Medicine (AOBEM), or in pediatric emergency medicine by the American Board of Pediatrics (ABP); or be residency trained in emergency medicine, have completed a subspecialty training program in emergency medicine, or meet eligibility requirements for membership prior to January 1, 2000.

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

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

COMMUNICATION PREFERENCE Home Business Hospital

EDUCATIONAL INFORMATION

Medical School, 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

EMERGENCY MEDICINE CAREER INFORMATION

Hospital/City/State/Country

Year in Which You Began Your Emergency Medicine Career

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ACEP CHAPTERS

Chapter dues vary by state and membership category. Please see separate document or visit www.acep.org. Membership in a state chapter in which you reside or practice is required.

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.

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| <ul style="list-style-type: none"> • Air Medical Transport • American Association of Women Emergency Physicians • Careers in Emergency Medicine • Certification and EM Workforce • Critical Care Medicine • Cruise Ship and Maritime Medicine • Democratic Group Practice • Disaster Medicine • Emergency Medical Informatics • EMS – Prehospital Care | <ul style="list-style-type: none"> • Emergency Medicine/Internal Medicine Dual Training • Emergency Medicine Practice Management and Health Policy • Emergency Medicine Research • Emergency Ultrasound • Emergency Telemedicine • Forensic Medicine • Geriatric Emergency Medicine • International Emergency Medicine • Medical Humanities • Observation Medicine | <ul style="list-style-type: none"> • Palliative Medicine • Pediatric Emergency Medicine • Quality Improvement & Patient Safety • Rural Emergency Medicine • Sports Medicine • Tactical Emergency Medicine • Toxicology • Trauma and Injury Prevention • Undersea and Hyperbaric Medicine • Wellness • Wilderness Medicine • Young Physicians |
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ACTIVE MEMBERSHIP	INTERNATIONAL MEMBERSHIP	MILITARY MEMBERSHIP
Application Fee\$ <u>30</u>	Application Fee\$ <u>30</u>	Application Fee\$ <u>30</u>
ACEP Dues (required)\$ _____	ACEP Dues\$ _____	ACEP Dues\$ _____
Annual: \$615	Canadian: \$461	<p>Please note: This is not a category of membership. It is a discount offered to military when they join ACEP for the first time.</p> <p>First Year of Membership \$308</p> <p>Government Services</p> <p>Chapter Dues (required)\$ <u>160</u></p>
First Year in Practice after Residency: \$154	International: \$154	
Second Year in Practice after Residency: ... \$308		
Third Year in Practice after Residency: \$461		
Chapter Dues (required)\$ _____	Section Dues.....\$ _____	Section Dues.....\$ _____
Indicate Chapter	Each Section: \$40 per year	Each Section: \$40 per year
Section Dues.....\$ _____	Indicate Section(s)	Indicate Section(s)
Each Section: \$40 per year		
Indicate Section(s)		
TOTAL.....\$ _____	TOTAL.....\$ _____	TOTAL\$ _____

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 _____

Billing Address _____ Expiration Date _____

City, State, Zip _____

Name as it appears on credit card _____

Signature _____

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...972-580-2816

For additional information...

Visit: www.acep.org
Call: 800-798-1822, press 5
E-mail: membership@acep.org

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 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.