

# 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

HOME

Street/Apartment #

City/State/ZIP/Country

Telephone (please include area code)

Fax (please include area code)

BUSINESS / EM GROUP

Business Name

Street

City/State/ZIP/Country

Telephone (please include area code)

Fax (please include area code)

HOSPITAL / MILITARY

Hospital/Military Base Name

Street

City/State/ZIP Country

Telephone (please include area code)

Fax (please include area code)

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

## 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 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 Regular 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

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**ACEP CHAPTERS**

Chapter dues vary by state and membership category. Please see separate document or visit [www.acep.org](http://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"> <li>• Air Medical Transport</li> <li>• American Association of Women Emergency Physicians (AAWEP)</li> <li>• Careers in Emergency Medicine</li> <li>• Critical Care Medicine</li> <li>• Cruise Ship Medicine</li> <li>• Democratic Group Practice</li> <li>• Disaster Medicine</li> <li>• Dual Training</li> <li>• Emergency Medical Informatics</li> <li>• Emergency Medicine Practice Management and Health Policy</li> <li>• Emergency Medicine Research</li> <li>• Emergency Medicine Workforce</li> </ul> | <ul style="list-style-type: none"> <li>• Emergency Telemedicine</li> <li>• Emergency Ultrasound</li> <li>• EMS – Prehospital Care</li> <li>• Event Medicine</li> <li>• Forensic Medicine</li> <li>• Freestanding Emergency Centers</li> <li>• Geriatric Emergency Medicine</li> <li>• International Emergency Medicine</li> <li>• Medical Directors</li> <li>• Medical Humanities</li> <li>• Observation Medicine</li> <li>• Pain Management &amp; Addiction Medicine</li> <li>• Palliative Medicine</li> </ul> | <ul style="list-style-type: none"> <li>• Pediatric Emergency Medicine</li> <li>• Quality Improvement &amp; Patient Safety</li> <li>• Rural Emergency Medicine</li> <li>• Social Emergency Medicine</li> <li>• Sports Medicine</li> <li>• Tactical Emergency Medicine</li> <li>• Toxicology</li> <li>• Trauma and Injury Prevention</li> <li>• Undersea and Hyperbaric Medicine</li> <li>• Wellness</li> <li>• Wilderness Medicine</li> <li>• Young Physicians</li> </ul> |
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REGULAR MEMBERSHIP
Application Fee.....\$ <u>30</u>
ACEP Dues (required).....\$ _____
Annual: \$615
First Year in Practice after Residency: .....\$154
Second Year in Practice after Residency: ...\$308
Third Year in Practice after Residency: .....\$461
Chapter Dues (required).....\$ _____
Indicate Chapter
Section Dues.....\$ _____
Each Section: \$40 per year
Indicate Section(s)
TOTAL.....\$ _____

INTERNATIONAL MEMBERSHIP
Application Fee.....\$ <u>30</u>
ACEP Dues.....\$ _____
Canadian: \$461
International: \$154
Section Dues.....\$ _____
Each Section: \$40 per year
Indicate Section(s)
TOTAL.....\$ _____

MILITARY MEMBERSHIP
Application Fee.....\$ <u>30</u>
ACEP Dues.....\$ _____
<b>Please note:</b> This is not a category of membership. It is a discount offered to military when they join ACEP for the first time.
First Year of Membership \$308
Government Services
Chapter Dues (required).....\$ <u>160</u>
Section Dues.....\$ _____
Each Section: \$40 per year
Indicate Section(s)
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](http://www.acep.org)  
**Call:** 800-798-1822, press 5  
**E-mail:** [membership@acep.org](mailto: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.