

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 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 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 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. Residents and medical students receive complimentary membership to one section of choice, a \$20 value. You must provide a valid e-mail address to receive section newsletters.

- 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
- Emergency Medicine/Internal Medicine Dual Training
- Emergency Medicine Practice Management and Health Policy
- Emergency Medicine Research
- Emergency Ultrasound
- Emergency Telemedicine
- Forensic Medicine
- Freestanding Emergency Centers
- Geriatric Emergency Medicine
- International Emergency Medicine
- Medical Humanities
- Observation Medicine
- 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

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

DC: \$70 Ohio \$20

Illinois: \$30 Pennsylvania \$10

Maine: \$25 S Carolina \$25/\$50

Maryland: \$20 Texas: \$25

Michigan: \$35 Vermont: \$50

Nevada: \$50 Virginia \$20

New York: \$20 Puerto Rico \$0/\$75

N Dakota: \$50

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

Free Section Selection _____

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

DC: \$70 Nevada: \$50

Illinois: \$30 Ohio \$5

Maryland: \$20 Vermont: \$50

Virginia \$15

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

Free Section Selection _____

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...972-580-2816

For additional information...

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

International Residents
(excluding Canada)

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

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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.