

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)

EDUCATIONAL INSTITUTION

Medical School, Residency, Fellowship, 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/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 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 and EMRA 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.

- List of ACEP sections including Air Medical Transport, American Association of Women Emergency Physicians, etc.

RESIDENT/FELLOWSHIP MEMBERSHIP

MEDICAL STUDENT MEMBERSHIP

MAIL YOUR COMPLETED APPLICATION WITH PAYMENT TO...

Form for Resident/Fellowship membership including dues and chapter selection options.

Form for Medical Student membership including dues and chapter selection options.

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

- Options for international residents: ACEP only: \$45, EMRA only: \$25, Combined: \$70

ACEP and EMRA dues are nonrefundable and are not deductible as charitable contributions for income tax purposes.

PAYMENT OPTIONS

Payment options including credit card details (Card Number, Security Code, Expiration Date, Billing Address, City, State, Zip, Name, 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.