

STEP 1. MEMBERSHIP FEES

MEMBERSHIP Application fee \$30 USD (*waived*)
 International \$154 USD
 Resident \$70 USD
 Medical Student \$55 USD
TOTAL \$ _____

STEP 2. APPLICATION INFORMATION

Name (include title) _____ Date of Birth _____ Male Female
 Maiden Name _____ E-mail Address _____
 Certifying Board _____ Certification Specialty _____
 Certification Date _____ Recertification Date _____ Year you began your emergency medicine career _____
 Hospital/City/Province/Country/Postal Code _____
 Preferred Address: Home Business/Group Hospital
 Address (include apt/suite #)/City/Province/Country/Postal Code _____
 Phone _____ Fax _____

STEP 3. MEDICAL LICENSURE AND EDUCATION INFORMATION

LLCM Number (Canadian) _____ License/Certification Number to practice medicine _____ ECFMG Number _____
 Ever Revoked/Suspended? Yes No Ever Revoked/Suspended? Yes No Ever Revoked/Suspended? Yes No
 Medical School City/Province/Country/Postal Code _____ Dates _____
 Internship Hospital City/Province/Country/Postal Code _____ Dates _____
 Emergency Medicine Residency City/Province/Country/Postal Code _____ Dates _____

STEP 4. PAYMENT INFORMATION

Enclosed is my check made payable to ACEP. Please charge my: Visa MasterCard Discover

Name: (As it appears on the credit card) _____ Cardholder's Signature: _____
 Credit Card No.: _____ Card Expiration Date: _____
 Verification Code: _____ Billing Postal Code: _____

My signature certifies that the information contained in this application is true and is an indication of my desire to become a member of ACEP or EMRA, to abide by the 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.

Signed: _____ Date: _____