

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 *Please check one box in each column to show your preference for ACEP communications.*

	<i>Membership Statement</i>	<i>Annals of Emergency Medicine</i>	<i>ACEP News</i>	<i>Promotional Announcements</i>	<i>Telephone Contact</i>
Use Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Hospital/Base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL INFORMATION

Medical School, City/State/Country Graduation Date

Emergency Medicine Residency, City/State Country Dates

Fellowship/Hospital, City/State/Country Specialty Dates

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 Number Ever Revoked/Suspended Yes No

ECFMG Number (Foreign) Ever Revoked/Suspended Yes No

LLCM Number (Canadian) Ever Revoked/Suspended Yes No

DEA Number (BNDD) 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), in pediatric emergency medicine by the American Board of Pediatrics (ABP), or be residency trained in emergency medicine, or 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 and DEA (BNDD) 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. 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.

- Air Medical Transport
 - American Association of Women Emergency Physicians
 - Careers in Emergency Medicine
 - Certification Process and Implications for Emergency Medicine
 - Critical Care Medicine
 - Cruise Ship and Maritime Medicine
 - Democratic Group Practice
 - Disaster Medicine
 - Emergency Medical Informatics
 - Emergency Medical Services – Prehospital Care
 - Emergency Medicine Practice Management and Health Policy
 - Emergency Medicine Research
 - Emergency Ultrasound
 - Forensic Medicine
 - Geriatric Emergency Medicine
- Hyperbaric Medicine
 - International Emergency Medicine
 - Medical Humanities
 - Pediatric Emergency Medicine
 - Quality Improvement and Patient Safety
 - Rural Emergency Medicine
 - Short Term Observation Services
 - Sports Medicine
 - Tactical Emergency Medicine
 - Toxicology
 - Trauma and Injury Prevention
 - Wellness
 - Wilderness Medicine
 - Young Physicians

ACTIVE MEMBERSHIP	INTERNATIONAL MEMBERSHIP	MILITARY MEMBERSHIP
Application Fee\$ 30	Application Fee\$ 30	Application Fee\$ 30
ACEP Dues (required)\$	ACEP Dues\$	ACEP Dues\$
Annual: \$565	Canadian: \$424	First Year of Membership \$283
First Year in Practice after Residency: \$141	International: \$141	
Second Year in Practice after Residency: ... \$283		
Third Year in Practice after Residency: \$424		
Chapter Dues (required)\$		Government Services
Indicate Chapter		Chapter Dues\$ 150
Section Dues\$	Section Dues\$	Section Dues\$
Each Section: \$35	Each Section: \$35	Each Section: \$35
Indicate Section(s)	Indicate Section(s)	Indicate Section(s)
TOTAL\$	TOTAL\$	TOTAL\$

PAYMENT OPTIONS

Make checks payable to ACEP. VISA MasterCard American Express
 Please charge my credit card. Personal Card Corporate Card

Card Number _____

Billing Zip Code _____ Expiration Date _____

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