



The American College of Preventive Medicine is the national medical specialty society for physicians who practice preventive medicine.

American College of Preventive Medicine

PHYSICIANS PROVIDING LEADERSHIP IN THE SCIENCE, POLICY AND PRACTICE OF PREVENTIVE MEDICINE

1307 New York Avenue, NW Suite 200 Washington, DC 20005 (202) 466-2044 FAX (202) 466-2662 E-MAIL: membership@acpm.org www.acpm.org

# Membership Application

## Admissions Requirements and Application Procedure

You must complete ALL sections of this application. A curriculum vitae must be included with your application, but may NOT be used in lieu of filling out sections of the application. **Incomplete or illegible applications will be returned, resulting in delayed processing.**

1. Review the ACPM Membership Categories and Criteria on the back of this application to determine the appropriate membership category.
2. If applying for **Member** status, send a photocopy of your certificate or board acceptance letter from either the American Board of Preventive Medicine, another American Board of Medical Specialties board, or any American Osteopathic Board, or indicate your certificate number and year issued.
3. You must submit your dues payment plus a \$35.00 initiation fee. Applicants applying for Member, Associate and Affiliate status, please refer to the inside panel for your payment rate. Applicants applying for Resident, Medical Student, or Fellow status will not fill out this application. Contact ACPM, or visit [www.acpm.org](http://www.acpm.org), for the appropriate application. Refer to the back of this application for your membership category.

Action on your request for membership will be made by the Membership Committee, and will take approximately one to two weeks to process.

<p><b>Office use only</b></p> <p>Name: _____</p> <p>Member ID: _____</p> <p>Member Level: _____</p> <p>Payment Recorded: _____</p> <p>NMK Sent: _____</p>
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**Current Membership Status:**

- Affiliate Member       Resident Member
- Associate Member     Non-Member

**Membership category for which you are applying (check one only):**

- Affiliate Member     Associate Member     Member

*(Refer to Membership Categories and Criteria on last page)*

**Applicants for Resident, Medical Student membership or Fellowship will not use this application. Please contact ACPM, or visit [www.acpm.org](http://www.acpm.org), for the appropriate application form.**

**MEMBERSHIP CATEGORY AND DUES AMOUNT**

MEMBERSHIP CATEGORY	AMOUNT PAID
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*Membership dues are pro-rated based upon the month in which you apply for membership.*

- |  |       |
|--|-------|
| <input type="checkbox"/> <b>Affiliate Member</b><br><i>Jan 09–May 09 \$145</i><br><i>June 09–Sept 09 \$75</i><br><i>Oct 09–Dec 09 Contact</i><br><i>membership@acpm.org for the</i><br><i>2010 membership year rates.</i>  | _____ |
| <input type="checkbox"/> <b>Associate Member</b><br><i>Jan 09–May 09 \$310</i><br><i>June 09–Sept 09 \$155</i><br><i>Oct 09–Dec 09 Contact</i><br><i>membership@acpm.org for the</i><br><i>2010 membership year rates.</i> | _____ |
| <input type="checkbox"/> <b>Member</b><br><i>Jan 09–May 09 \$310</i><br><i>June 09–Sept 09 \$155</i><br><i>Oct 09–Dec 09 Contact</i><br><i>membership@acpm.org for the</i><br><i>2010 membership year rates.</i>           | _____ |
| <input type="checkbox"/> <b>Initiation Fee (new applicants only)</b>   | \$ 35 |
| <b>TOTAL</b>   | _____ |

**PAYMENT INFORMATION**

- Check enclosed, made payable to ACPM
- Please charge my  Visa       MasterCard
- Discover     American Express

**May ACPM automatically charge this credit card for future membership renewals?**

*(please check one)*     Yes     No

CARD NUMBER _____	EXP. DATE _____
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SIGNATURE \_\_\_\_\_

The following information will help the College maintain accurate membership statistical data but will not be considered in connection with your application for membership. COMPLETION IS OPTIONAL.

Gender:  Male     Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race or Ethnicity:**

- African American                       Asian
- Caucasian                                 Latino/Hispanic
- Native American/Alaskan Native     Other

# PLEASE ANSWER ALL QUESTIONS

Name (Last, First, MI) \_\_\_\_\_

Name as you wish it to appear on the membership certificate \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Professional Title \_\_\_\_\_

Organization \_\_\_\_\_

Professional Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone _____	Fax _____
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\*E-mail \_\_\_\_\_

\*NOTE: You will be added to the ACPM Membership Listserv. If you do not wish to participate, please check this box.

**PERSONAL INFORMATION**

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone _____	Fax _____
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E-mail \_\_\_\_\_

Please indicate if preferred mailing address is:     Home     Office

Social Security Number (For I.D. Only — Optional) \_\_\_\_\_

Applicant's Signature _____	Date _____
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Referred by Member (if any) \_\_\_\_\_

Reminder: Include a copy of your curriculum vitae with your application; however, this MAY NOT be used in lieu of filling out sections of the application.

**EDUCATION**

Institution and Location	Date Graduated	Degree
College		
Medical		
Graduate		

**POSTGRADUATE TRAINING** (*Internship, Residencies, Fellowships*)

Institution and Location	Areas of Study	Inclusive Dates

**PROFESSIONAL POSITIONS & APPOINTMENTS** (*Academic, Organizational, Military, etc.*)

Institution and Location	Title	Inclusive Dates

**SPECIAL PREVENTIVE MEDICINE QUALIFICATIONS** (*Publications, Research, Awards, Service, etc.*)

Please be thorough. This information will be used to help determine membership status. Please include a C.V.

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**MEMBERSHIPS** (*Medical and other professional societies*)

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**BOARD CERTIFICATION**

GPM  PH  GPM/PH  OM  AM

Date Certified (length of certification) \_\_\_\_\_ Date of Exam \_\_\_\_\_

ABPM Certificate Number \_\_\_\_\_

Please attach proof of Board Certification, i.e., copy of letter of verification or copy of certificate if available.

**OTHER ABMS OR AOB BOARD CERTIFICATION**

Date Certified (length of certification) \_\_\_\_\_ Date of Exam \_\_\_\_\_

# ACPM Membership Categories and Criteria

## **Resident Member**

*(Please visit our website for the Resident Member application at [www.acpm.org](http://www.acpm.org).)*

All current residents are eligible for Resident Member status throughout their residency training and one year beyond. Resident Members are not eligible to vote or to hold office. The 2009 membership dues are \$65.00. (A subscription to the *American Journal of Preventive Medicine* is included.)

## **Affiliate Member**

Recent graduates of residency programs are eligible for Affiliate Member status. Affiliate Members may remain in this category for a maximum of three years following residency training. Affiliates may vote but are not eligible to hold office. The 2009 membership dues are \$145.00 plus a \$35.00 initiation fee. (A subscription to the *American Journal of Preventive Medicine* is included.)

## **Associate Member**

Doctors of medicine and doctors of osteopathy who are not certified by the American Board of Preventive Medicine or by another American Board of Medical Specialties board or any American Osteopathic Board and physicians who have been trained and/or are living abroad and whose credentials cannot be easily evaluated are eligible for Associate Member status. Associate Members may remain in this category indefinitely. They are eligible to vote but are not eligible to hold office. The 2009 membership dues are \$310.00 plus a \$35.00 initiation fee. (A subscription to the *American Journal of Preventive Medicine* is included.)

## **Member**

Doctors of medicine and doctors of osteopathy who are certified by the American Board of Preventive Medicine or by another American Board of Medical Specialties board or any American Osteopathic Board are eligible for Member status. Members may vote but are not eligible to hold office. The 2009 membership dues are \$310.00 plus a \$35.00 initiation fee. (A subscription to the *American Journal of Preventive Medicine* is included.)

**Fellow** *(Please visit our website for the Fellow application at [www.acpm.org](http://www.acpm.org))*

Physicians who have been ACPM Members (**Member** category) for at least three years and have remained in good standing for the three years prior to applying for Fellowship, and who have contributed to the field and/or to the College are eligible for Fellow status. Members may advance to Fellowship by completing a supplemental Fellowship application. Fellows may vote and are eligible to hold office. The 2009 membership dues are \$310.00. (A subscription to the *American Journal of Preventive Medicine* is included.)

## **Emeritus Member and Fellow**

Fellows, Members and Associate Members who have held membership in the College for at least five years, have attained the age of 65 and who have retired from active practice are eligible for Emeritus Member status. When retirement from active practice is due to physical disability, the Board of Regents may waive the time and age requirements. Emeritus Members and Fellows are not eligible to vote or to hold office. The 2009 membership dues \$60.00. (A subscription to the *American Journal of Preventive Medicine* is included.)