

Affiliate Membership Application

Enjoy the Benefits of ACCP Affiliate Membership!

YOU QUALIFY IF:

- You are currently enrolled in a training program in a chest medicine specialty.
- OR show proof of acceptance into a specialty fellowship, residency, or equivalent program of cardiopulmonary medicine or surgery, critical care medicine, or one of the closely related specialties.

As an Affiliate Member of our multidisciplinary society, you have access to a diverse array of the listed benefits designed for your professional and personal advancement. For an annual membership fee of only \$60, you receive:

- Monthly issues of *CHEST*, the respected cardiopulmonary and critical care journal, print version and access full-text online.
- Reduced fee for the ACCP annual scientific assembly, CHEST. This is an unparalleled program of clinical and scientific information.
- A discount on ACCP-SEEK, a comprehensive self-assessment study tool for pulmonary and critical care medicine specialists.
- Special “members only” mailings, describing major issues confronting your profession.
- Eligibility for participation in all ACCP NetWorks, including the Affiliate NetWork.
- A listing in the online ACCP membership directory.
- Significant discounts on registrations for ACCP board review courses as you prepare for the ABIM Pulmonary Disease Board or the Critical Care Medicine examination.
- Three months of free “Position Sought” advertising in the well-read classified section of the *CHEST* journal.

And so much more...

REQUIREMENTS FOR AFFILIATE MEMBERSHIP

- Affiliate Membership is a temporary category for United States, Canadian, and international physicians who are currently enrolled in or show proof of acceptance into a specialty fellowship, residency, or equivalent program of cardiopulmonary medicine or surgery, critical care medicine, sleep medicine, pediatric pulmonology, or pediatric critical care medicine, among other specialties.
- The US training program must be accredited by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or by a comparable accreditation body in the candidate's country.
- The signature of the training program director is required on the application form.
- A physician is eligible to remain an ACCP Affiliate Member for a period of 24 months postcompletion of his/her training only if he/she remains current in Affiliate membership dues.

We are pleased that you are interested in joining the American College of Chest Physicians. Attached is the official application form, used for US, Canadian, and International Affiliate Membership.

Affiliate Member dues are \$60/year (includes *CHEST* in print and online). This \$60 remittance must accompany the application form in order for the form to be processed.

Please note:

For international physicians living in countries other than the United States or Canada, we offer international special air delivery of the *CHEST* journal for \$60. This \$60 is in addition to the \$60 Affiliate dues. This optional delivery fee for the *CHEST* journal will guarantee worldwide delivery of the journal within 20 days.

We accept VISA, MasterCard, and American Express. Please provide an account number and expiration date in the spaces provided on the application form, and payment will be charged to your account.

You will be notified of your acceptance as an Affiliate Member by mail. We look forward to having you as an Affiliate Member of the American College of Chest Physicians.

NETWORKS – A FREE MEMBER BENEFIT

NetWorks are interdisciplinary interest groups providing the opportunity for your personal and professional alliance with the ACCP. You are encouraged to get involved in ACCP activities by joining one or more NetWorks. Each NetWork meets once a year at the annual CHEST meeting and communicates throughout the year via e-mail and teleconference.

Please indicate your NetWork choice(s) in the list below. Your e-mail address will automatically be added to the mailing list for each NetWork you select. For more information about the individual NetWorks, please refer to ACCP's Web site: www.chestnet.org. Please be advised that you will receive quarterly e-mail communications from each NetWork you select below.

- | | | |
|--|---|---|
| <input type="checkbox"/> ACCP Members in Industry | <input type="checkbox"/> e-Advisory | <input type="checkbox"/> Pulmonary Physiology, Function, and Rehabilitation |
| <input type="checkbox"/> Affiliate | <input type="checkbox"/> Home Care | <input type="checkbox"/> Pulmonary Vascular Disease |
| <input type="checkbox"/> Airways Disorders | <input type="checkbox"/> Interstitial and Diffuse Lung Disease | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Interventional Chest/Diagnostic Procedures | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Chest Infections | <input type="checkbox"/> Occupational and Environmental Health | <input type="checkbox"/> Thoracic Oncology |
| <input type="checkbox"/> Cardiovascular Disease and Hypertension | <input type="checkbox"/> Palliative and End-of-Life Care | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Clinical Pulmonary Medicine | <input type="checkbox"/> Pediatric Chest Medicine | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Practice Administration | |
| <input type="checkbox"/> Cultural Diversity in Medicine | <input type="checkbox"/> Private Practice | |
| <input type="checkbox"/> Disaster Response | | |

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CONTACT INFORMATION

Please print or type all information, and list your name EXACTLY as you would have it appear on all official documents. Please be specific. An incomplete application will delay the review process.

Last Name

First Name Middle Initial

Country of Birth

Date of Birth Month / Day / Year Male Female
Confidential - Required for online authentication

Primary Address Specify: Home Office

This is the address that will be used for ACCP mailings. This address will appear in the online Membership Directory if no other address is listed under Directory Address below.

Line 1

Line 2

Line 3

City / State / Zip or City / Province / Country / Postal Code

Directory Address (optional) Specify: Home Office

Line 1

Line 2

Line 3

City / State / Zip or City / Province / Country / Postal Code

Telephone Numbers

()
Office Phone

()
Fax

()
Home Phone (confidential)

E-mail Address

Active Military Service (US applicants only)

Rank Branch

Payment

- \$60 (USD) – Affiliate Member Dues (includes *CHEST* journal in print and online)
- \$120 (USD) – Affiliate Member Dues and the Airmail delivery of the *CHEST* journal within 20 days to international physicians (other than US and Canada)

Credit Card Payment (preferred payment)

- VISA American Express Mastercard

Credit Card Number Expiration Date

Signature Date

Check Payment

Check/Money Order No. (in US currency drawn on a US bank)
Checks payable to: American College of Chest Physicians



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Phone: (847) 498-1400 • Fax: (847) 498-5460
E-mail: member@chestnet.org • Web: www.chestnet.org

FOR OFFICE USE ONLY

Web

Application Number

EDUCATIONAL BACKGROUND/PROFESSIONAL EXPERIENCE

Degree	Name and Location of Institution(s)	Degree	Date Received
Undergraduate			
Medical Degree			
Postgraduate (PhD, MS, etc)			
Other	<input type="checkbox"/> ECFMG <input type="checkbox"/> FLEX <input type="checkbox"/> 5th Pathway <input type="checkbox"/> OTHER		

Postgraduate Training	Name and Location of Hospital(s)/Institution(s)	Type of Service (Specialty)	Date (Month/Year)	
			From	To
Internship/ International Equivalent				
Residencies/ International Equivalent				
Fellowship (completed)				

Licensure

State / Province / Country

Number

Date Issued

Expiration Date

If presently board certified, please indicate the board, date received, and certificate number.

Board

Date Received

Certificate No.

Fellowship (in process)

Date Started

Expected Completion Date

Specify Type (specialty)

Month

Year

Month

Year

Training Program Director's Name

Director's Signature

Training Program Director's Title

Institution

Address

City

State/Province/Country

Zip/Postal Code

Office Phone

Fax

E-mail Address

Until I expressly revoke my consent, by signing this document, I hereby consent to the American College of Chest Physicians (ACCP) sending to me materials advertising the commercial availability or quality of ACCP's property, goods, or services.

Signature

Date