



APPLICATION FOR MEMBERSHIP IN THE AMERICAN COLLEGE OF CHEST PHYSICIANS

First, Last, Middle

Primary Address (Street, City, State/Region, Postal Code, Country)

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Primary Phone Number

E-mail Address (Required)

Professional Category (Clinician - nonphysician/nondoctoral, Fellow-in-Training, Industry Representative, Intern, Medical Student, Nonphysician Doctoral, Nonphysician-in-Training, Physician, Resident, Retired)

Male Female

Date of Birth

Gender

Degrees/Certifications (MD, RRT, NP)

Current Title

Institution Name and Location

Primary Specialty

Subspecialty (include all)

MEMBERSHIP LEVEL (select one)

BASIC - \$295

Benefits

- Online access to the journal *CHEST*
- Discounts to courses and products
- Online access to Clinical Practice Guidelines
- CHEST Career Connection access

ENHANCED - \$395

Benefits

- All the benefits of a Basic Member

PLUS

- Print access to the journal *CHEST*
- Opportunity to become/remain an FCCP
- Leadership opportunities
- Invitation to networking events

PREMIUM - \$495

Benefits

- All the benefits of an Enhanced Member

PLUS

- Enhanced Discounts
- Advanced access to hotel reservations
- Advanced access to course registration
- Invitations to VIP events

Discounts are available for the criteria below. Please select all that apply.

<input type="checkbox"/> Reside Outside US/Canada	=	\$120 - \$220 off any membership package
<input type="checkbox"/> In Training (student, medical student, intern, resident, fellow)	=	\$200 off any membership package
<input type="checkbox"/> Nonphysician/nondoctoral clinician	=	\$200 off any membership package
<input type="checkbox"/> Retired	=	\$200 off any membership package

All application forms MUST be accompanied by payment of the membership application fee.

\$125 Application Fee - US and Canada

\$50 Application Fee - Non-US and Canada

Please note: If you are in training or a nonphysician/nondoctoral clinician, application fee is not required.

CREDIT CARD PAYMENT

American Express Discover MasterCard VISA

Credit Card Number

Expiration Date (MM/YY)

Name on Credit Card

CVV

CHECK PAYMENT

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

Signature

Date

FAX APPLICATION TO: 224/521-9801

RETURN SIGNED AND COMPLETED APPLICATION WITH YOUR PAYMENT TO:

American College of Chest Physicians • CHEST Membership
2595 Patriot Boulevard * Glenview, IL 60026

Questions? Contact Customer Support at chestcustomersupport@chestnet.org or at 224/521-9800.