

First, Last, Middle	
Primary Address (Street, City, State/Region, Postal Code, Country)	
()	
Primary Phone Number	E-mail Address (Required)
Professional Category (Clinician - nonphysician/nondoctoral, Fellow-in-Training, Industry Repre	esentative,
Intern, Medical Student, Nonphysician Doctoral, Nonphysician-in-Training, Physician, Resident, Ret	
Date of Birth	☐ Male ☐ Female Gender
Decree of Cartifications (AD 007 MD)	
Degrees/Certifications (MD, RRT, NP)	
Current Title	Institution Name and Location
Primary Specialty	Subspecialty (include all)
·····ary specially	Subspecially (made any
MEMBERSHIP LEVEL (select one)	
☐ BASIC - \$329	Visit chestnet.org or scan the QR code
■ ENHANCED - \$439	for the full list of member benefits.
■ PREMIUM - \$549	■ ₩ 2
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☐ Reside Outside US/Canada = \$1	30 - \$270 off any membership package
	20 discount off any membership level for physicians-in-training 20 discount off any membership level for APP's, RT's, NP's
·	20 discount off any membership level for retired clinicians
All application forms MUST be accompanied by □ \$125 Application Fee - US and Canada	
payment of the membership application fee.	
Please note: If you are in training or a nonphysician/nondoctoral clinician, application fee is not required.	
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Credit Card Number Expiration Date	te (MM/YY) Name on Credit Card CVV
CHECK DAYMENT	
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Check/Money Order No. (in US currency drawn on a US bank) Payable to: American College of Chest Physicians	
check money of act no. (in object left) at a money and a consistence of check mysicians	
Ciamatura	Date
Signature	Date
■ EMAIL APPLICATION TO: FAX APPLICATION TO: member@chestnet.org +1 (224) 521-9801	■ RETURN SIGNED & COMPLETED APPLICATION WITH YOUR PAYMENT TO: American College of Chest Physicians • CHEST Membership
	2595 Patriot Boulevard * Glenview, IL 60026