

Affiliate Membership Application

We are pleased that you are interested in joining the American College of Chest Physicians (ACCP), a multidisciplinary, international medical society with more than 17,000 active members in more than 100 countries.

REQUIREMENTS FOR AFFILIATE MEMBER

Qualifications

An Affiliate Member shall be a physician-in-training in pulmonary, critical care, sleep medicine, thoracic surgery, or a related discipline.

- The candidate shall be a physician who is enrolled in, or shows proof of acceptance into, an accredited specialty fellowship, residency, or equivalent program in a discipline related to the function and diseases of the chest. Those disciplines include, without limitation: pulmonary, critical care, sleep medicine, thoracic surgery, or a related discipline. On a case-by-case basis, the Membership Committee may consider candidates having other specialties.
- To meet the first requirement, candidates must be enrolled or accepted into US training programs that are accredited by either the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. Enrollment in or acceptance into Canadian and other international training programs is acceptable if the programs are accredited by a comparable accreditation body.

- The candidate shall secure the signature of the training program director on the application form.
- A physician is eligible to remain an Affiliate Member until his/her training period end date. Upon completion of training, an Affiliate Member will automatically become a Member but will continue to receive the Affiliate rate for ACCP membership dues, products, and services for an additional 24 months. The additional 24-month discount period is available only to members who remain current in their membership dues. At the end of the 24-month period, full Member/Fellow rates will apply.

Rights and Privileges of Affiliate Members

- Affiliate Members shall have limited rights and privileges of membership.
- Upon completion of training and eligibility for another membership status, a person shall no longer be eligible for the Affiliate Member category of membership.

NETWORKS/INSTITUTES – 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/Institute choice(s) in the list below. Your e-mail address will automatically be added to the mailing list for each one you select. For more information about the individual NetWorks, refer to ACCP's Web site: www.chestnet.org.

- Affiliate
- Airways Disorders
- Allied Health
- Cardiovascular Medicine and Surgery
- Chest Infections
- Clinical Pulmonary Medicine
- Critical Care Institute
- Cultural Diversity in Medicine
- Disaster Response

- Home Care
- Interstitial and Diffuse Lung Disease
- Interventional Chest/Diagnostic Procedures
- Members in Industry
- Occupational and Environmental Health
- Palliative and End-of-Life Care
- Pediatric Chest Medicine
- Practice Operations

- Pulmonary Physiology, Function, and Rehabilitation
- Pulmonary Vascular Disease
- Respiratory Care
- Sleep Institute
- Thoracic Oncology
- Transplant
- Women's Health

CONTACT INFORMATION

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

Last Name	First Name	Middle Initial
Country of Birth ()	Date of Birth (Month/Day/Year) <i>Confidential - Required for online authentication</i> ()	<input type="checkbox"/> Male <input type="checkbox"/> Female
Office Phone Number ()	Fax	
Home Phone Number (<i>confidential</i>)	E-mail Address (<i>required</i>)	

Primary Address 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*) Home Office

Line 1
Line 2
Line 3
City/State/Zip or City/Province/Country/Postal Code

Active Military Service (*US applicants only*)

Rank	Branch
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Payment (*required for processing*)

- \$60 (USD) – US and Canada Affiliate Member Dues (includes the journal *CHEST* print and online)
 \$60 (USD) – International Affiliate Member Dues (includes the journal *CHEST* online only)
 \$144 (USD) – International Affiliate Member Dues (includes the journal *CHEST* print and online)

Credit Card Payment (*preferred*)

- VISA American Express Mastercard

Credit Card Number	Expiration Date (MM) (YY)
Signature	Date

Check Payment

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

FOR OFFICE USE ONLY

ACCP Account Number

EDUCATION BACKGROUND/PROFESSIONAL EXPERIENCE

Degree	Name and Location of Institution(s)	Degree	Date Received
Undergraduate			
Medical Degree			
Postgraduate (PhD, MS, etc)			

Postgraduate

Training	Name and Location of Hospital(s)/Institution(s)	Type of Service (Specialty)	Date Completed
Internship/ International Equivalent			
Residencies/ International Equivalent			
Fellowship (completed)			

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

Board _____ Date Received _____

Fellowship

Specialty _____ Starting Date (Month/Year) _____ Expected Completion Date (Month/Year) _____

Training Program Director's Name (print) _____ Director's Signature _____

Training Program Director's Title _____ Institution _____

Address _____

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

Office Phone Number _____ Fax _____

E-mail address *(required)* _____

I release and discharge the American College of Chest Physicians (ACCP), its Officers, Regents, Governors, and employees, from all claims, actions, damages, and expenses of any kind arising from any action taken on this application.

Signature _____

Date _____

RETURN SIGNED AND COMPLETED APPLICATION WITH YOUR PAYMENT TO:

ACCP Membership
American College of Chest Physicians
3300 Dundee Road, Northbrook, Illinois 60062-2348 USA
or Fax to: (847) 498-5460