



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)

Date of Birth Gender Male Female

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
- Network and e-Community 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.

- Reside Outside US/Canada = \$120 - \$220 off any membership package
- In Training (student, medical student, intern, resident, fellow) = \$200 off any membership package
- Nonphysician/nondoctoral clinician = \$200 off any membership package
- 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 our Help Team at HelpTeam@chestnet.org or +1 (224) 521-9800.