



## RESIDENT MEMBERSHIP

- Open to full-time residents with an interest in occupational and environmental medicine. Residents must provide documentation of their full-time enrollment, such as an email or letter from their Residency Program. National dues are \$45.
- Membership in the Residents and Recent Graduates (RRG) Special Interest Section is included with resident membership. Resident members receive free membership in two additional Special Interest Sections. Please go to [www.acoem.org](http://www.acoem.org) for a description of the Sections.
- Resident members do not pay the Application Fee or Component Society dues.
- Resident members receive a free subscription to the online MDGuidelines.

## STEP 1. COMPLETE YOUR PERSONAL/PROFESSIONAL INFORMATION

First Name	MI	Last Name	Degrees/Credentials
_____			
Home Address			
_____			
City	State/Province/Country		Postal Code
_____	_____		_____
Gender (M or F)	Birthdate		
_____	_____		
Residency Program	Expected Graduation Date		
_____	_____		
Residency Address			
_____			
City	State/Province/Country		Postal Code
_____	_____		_____
(_____) _____	(_____) _____		
Phone ( <input type="checkbox"/> Work, <input type="checkbox"/> Home or <input type="checkbox"/> Cell)	Fax		
_____	_____		
Preferred E-Mail (ACOEM communicates largely via e-mail. Your e-mail address grants ACOEM permission to do so.)			
_____			

Would you like your **ACOEM Communications** to be mailed to your:

- Residency Address OR  
 Home Address

Would you like your **ACOEM Directory Address** to be listed as your:

- Residency Address OR  
 Home Address

## STEP 2. SIGN THE CODE OF ETHICAL CONDUCT

The **ACOEM Code of Ethics** applies to health professionals who are engaged in the practice of occupational or environmental medicine and addresses distinctive ethical issues that are characteristic and recurring in the practice of occupational and environmental medicine. For the entire *Code of Ethics* please go to <http://www.acoem.org/codeofconduct.aspx>.

**All information provided as part of this application is accurate and complete and, if approved for membership, I hereby pledge to comply with the College's Code of Ethical Conduct as required by ACOEM bylaws.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP 3. COMPLETE THE PAYMENT INFORMATION

### Resident Membership Dues

\$ 45.00  
2018 Resident National Dues

\$ \_\_\_\_\_  
Additional Special Interest Sections

\$ \_\_\_\_\_  
Total

### Payment Method

- Check Enclosed (Pay to the order of ACOEM)  
 Visa  MasterCard  Amex  Discover

\_\_\_\_\_  
Credit Card No. Exp. Date

\_\_\_\_\_  
Signature

### Membership Fee Information

- \*All dues apply through December 31, 2018.  
\*All dues are payable in full at the time of application.  
\*Residents must provide documentation.

### Please Choose Two Free Special Interest Sections

\*Visit [www.acoem.org/sections.aspx](http://www.acoem.org/sections.aspx) to see a list of all the Special Interest Sections.

\*Membership in the Residents & Recent Grads Section is included with your Resident Membership:

1. \_\_\_\_\_  
2. \_\_\_\_\_

### List Additional Sections

3. \_\_\_\_\_  
4. \_\_\_\_\_

## STEP 4. SUBMIT YOUR APPLICATION

- **FAX** this application with your credit card information and residency verification letter to: 847-818-8347.
- **MAIL** this application with your dues payment and residency verification letter to: ACOEM Lockbox, 39032 Eagle Way, Chicago, IL, 60678-1390.