



## Half-Year Dues for New Active and Associate Members!

APPLY ON-LINE at [www.acoem.org/jointoday.aspx](http://www.acoem.org/jointoday.aspx).

QUESTIONS? Call 847-818-1800 or e-mail [memberinfo@acoem.org](mailto:memberinfo@acoem.org)

### MEMBERSHIP CATEGORIES

#### ACTIVE MEMBERSHIP

Open to **doctors of medicine or osteopathic medicine** who have an interest in occupational and/or environmental medicine. Please provide a copy of your medical degree and license at time of application.

**National dues are \$415 – after June 1, dues are \$207.50.**

*Membership valid through 12/31/17*

#### ASSOCIATE MEMBERSHIP

Open to **non-physicians** working in a field related to occupational and environmental medicine, who have a doctorate level degree of PhD, ScD, DrPH, or EdD in an occupational or environmental health discipline, a master's level degree or other advanced training in a related field, or is a certified Physician Assistant, a Licensed Nurse Practitioner, or a certified Occupational Health Nurse (COHN). Please provide documentation of your degree, certificate, license or advanced training at the time of application.

**National dues are \$225 – after June 1, dues are \$112.50.**

*Membership valid through 12/31/17*

#### RESIDENT MEMBERSHIP

Open to **full-time residents**, who have an MD or DO degree (or equivalent), with an interest in occupational and environmental medicine. Please provide documentation of your full-time enrollment.

**National dues are \$45.**

*Membership valid through 12/31/17*

#### MEDICAL STUDENT MEMBERSHIP

Open to full-time **medical students**, earning an MD or DO degree (or equivalent), with an interest in occupational and environmental medicine. Please provide documentation of your full-time enrollment.

**No dues.**

*Membership valid through 12/31/17*

### COMPONENT SOCIETIES

The geographically-based component societies offer members local opportunities for leadership, education, discussion of local issues, networking, and professional development referrals.

**All members of ACOEM must join a regional component society.** Medical Students/Resident members do not pay component dues.

Visit <http://www.acoem.org/ComponentSocietyShowcase.aspx> for a list of the component societies' yearly activities.

| IF YOU WORK IN             | YOUR COMPONENT IS      | ACTIVE<br>½ Year | ASSOC<br>½ Year |
|----------------------------|------------------------|------------------|-----------------|
| IL, IN, WI, IA, MN, ND, MO | Central States OEMA    | \$50             | \$12.50         |
| Outside of U.S.            | Direct (International) | \$0              | \$0             |
| FL                         | Florida AOEM           | \$72.50          | \$0             |
| GA                         | Georgia CACOEM         | \$25             | \$0             |
| KS, NE, SD                 | Great Plains COEM      | \$30             | \$30            |
| KY                         | Kentucky OEMA          | \$15             | \$0             |
| MD                         | Maryland COEM          | \$15             | \$15            |
| Washington, DC             | Metro. Washington COEM | \$25             | \$0             |
| MI                         | Michigan OEMA          | \$30             | \$30            |
| AL, LA, AR, MS             | Mid South OEMA         | \$20             | \$12.50         |
| CT, MA, ME, NH, RI, VT     | New England COEM       | \$35             | \$35            |
| NJ                         | OEMA of New Jersey     | \$20             | \$20            |

| IF YOU WORK IN            | YOUR COMPONENT IS          | ACTIVE<br>½ Year | ASSOC<br>½ Year |
|---------------------------|----------------------------|------------------|-----------------|
| NY                        | New York OEMA              | \$20             | \$0             |
| AK, ID, OR, WA, BC Canada | Northwest AOEM             | \$37.50          | \$25            |
| OK                        | Oklahoma COEM              | \$17.50          | \$17.50         |
| ON Canada                 | Ontario SOEM               | \$5              | \$5             |
| PA, DE                    | Pennsylvania OEMS          | \$15             | \$0             |
| Puerto Rico               | Puerto Rico OEMA           | \$0              | \$0             |
| CO, MT, NM, WY            | Rocky Mountain AOEM        | \$20             | \$20            |
| NC, SC, VA                | Southeastern Atlantic COEM | \$20             | \$20            |
| TN                        | Tennessee COEM             | \$12.50          | \$0             |
| TX                        | Texas COEM                 | \$25             | \$15            |
| OH, WV                    | Tri-State OMA              | \$15             | \$0             |
| AZ, CA, HI, NV, UT        | Western OEMA               | \$70             | \$42.50         |

### SPECIAL INTEREST SECTIONS

Membership in special interest sections is an optional benefit available to members. The sections provide meaningful networking opportunities for OEM professionals with shared interests in specialized areas of OEM. Tools for members and position papers of the College are often developed by the sections. Ongoing discussion via listservs, websites, and teleconferences provide section members the opportunity to remain up to date on issues relevant to their area of interest such as Environmental Health, International Medicine, Private Practice and more.

Visit [www.acoem.org/sections.aspx](http://www.acoem.org/sections.aspx) to read about the sections and to join.



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### STEP 1. COMPLETE YOUR PERSONAL/PROFESSIONAL INFORMATION

#### Personal Information:

\_\_\_\_\_  
First Name                      MI                      Last Name                      \_\_\_\_\_  
Degrees/Credentials

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City                      State/Province/Country                      Postal Code

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number (  Home or  Cell)

\_\_\_\_\_  
Gender (M or F)                      Birthdate \_\_\_\_\_

Check to be listed in  
ACOEM's online  
Doctor Finder.

#### Primary work setting:

- Private Practice - Individual  
Practice/Business
- Clinical-Based Practice
- Hospital
- Government
- Military
- Corporation
- University
- Utilization Mgmt.
- Other: \_\_\_\_\_

#### Professional Information:

\_\_\_\_\_  
Company/Organization                      Job Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City                      State/Province/Country                      Postal Code

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Business Phone                      Fax

\_\_\_\_\_  
E-Mail (ACOEM communicates largely via e-mail. Your e-mail address grants ACOEM permission to do so.)

\_\_\_\_\_  
Medical School/Residency Program                      City / State / Country                      Year Graduated or Expected

\_\_\_\_\_  
ABMS Certification(s) and other specialty boards                      Licensed to practice in (States/Provinces/Countries)

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

- Company Address OR
- Home Address

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

- Company Address OR
- Home Address

### STEP 2. SIGN THE ETHICAL CODE OF 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 (see other side).**

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

### STEP 3. SELECT YOUR MEMBERSHIP CATEGORY AND COMPLETE THE PAYMENT INFORMATION

**MEMBERSHIP CATEGORIES and NATIONAL DUES:**     Active \$207.50     Associate \$112.50     Resident \$45     Medical Student \$0

#### DUES TOTAL

\$ \_\_\_\_\_ *Required*  
**2017 National Dues**

\$ 40.00  
**Application Fee**

\$ \_\_\_\_\_ *Required*  
**Component Society Dues**  
(from other side)

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

#### PAYMENT METHOD

Check Enclosed (Pay to the order of ACOEM)

Visa     MasterCard     Amex     Discover

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

\_\_\_\_\_  
Signature

#### MEMBERSHIP FEE INFORMATION

\*A \$40 non-refundable application fee is required with all new membership applications (except student/resident applications).

\*The dues year runs through December 31, 2017.

\*All dues are payable in full at the time of application.

\*Component Society dues are required for membership (except for student/resident applicants).

### STEP 4. SUBMIT YOUR APPLICATION

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