



APPLY ON-LINE at www.acoem.org/jointoday.aspx.

QUESTIONS? Call 847-818-1800 or e-mail 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.**

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.**

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.**

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.**

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	ASSOC
IL, IN, WI, IA, MN, ND, MO	Central States OEMA	\$100	\$25
Outside of U.S.	Direct (International)	\$0	\$0
FL	Florida AOEM	\$145	\$0
GA	Georgia CACOEM	\$50	\$0
KS, NE, SD	Great Plains COEM	\$60	\$60
KY	Kentucky OEMA	\$30	\$0
MD	Maryland COEM	\$30	\$30
Washington, DC	Metro. Washington COEM	\$50	\$0
MI	Michigan OEMA	\$60	\$60
AL, LA, AR, MS	Mid South OEMA	\$40	\$25
CT, MA, ME, NH, RI, VT	New England COEM	\$90	\$80
NJ	OEMA of New Jersey	\$40	\$40

IF YOU WORK IN	YOUR COMPONENT IS	ACTIVE	ASSOC
NY	New York OEMA	\$40	\$0
AK, ID, OR, WA, BC Canada	Northwest AOEM	\$75	\$50
OK	Oklahoma COEM	\$35	\$35
ON Canada	Ontario SOEM	\$10	\$10
PA, DE	Pennsylvania OEMS	\$30	\$0
Puerto Rico	Puerto Rico OEMA	\$0	\$0
CO, MT, NM, WY	Rocky Mountain AOEM	\$40	\$40
NC, SC, VA	Southeastern Atlantic COEM	\$40	\$40
TN	Tennessee COEM	\$25	\$0
TX	Texas COEM	\$50	\$30
OH, WV	Tri-State OMA	\$30	\$0
AZ, CA, HI, NV, UT	Western OEMA	\$140	\$85

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 to read about the sections and to join.



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 \$415 Associate \$225 Resident \$45 Medical Student \$0

DUES TOTAL

\$ _____ *Required*
2018 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, 2018.
- *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, PO Box 1205, Bedford Park, IL 60499-1205.