



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 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 you:

- 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
2019 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, 2019.
- *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 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, PO Box 1205 Bedford Park, IL 60499-1205.