



# 2008 MEMBERSHIP APPLICATION

## I. Membership Information

NAME AND DEGREE \_\_\_\_\_

TITLE \_\_\_\_\_

MAILING ADDRESS

ALTERNATE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax \_\_\_\_\_

Male  Female

Email \_\_\_\_\_

Assistants Name \_\_\_\_\_

Date of Medical School Graduation \_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_

How long have you been a chief? \_\_\_\_\_

MEDICAL SCHOOL AFFILIATION \_\_\_\_\_

HOSPITAL AFFILIATION \_\_\_\_\_

## II. Membership Categories

Dues Schedule: **January – December**

**Full Member** - Full members must be Chiefs of divisions of General Internal Medicine at teaching institutions (as defined by AAMC), or general internists who are chiefs/leaders of health services research oriented sections or other academic sections. Full members shall have the right to vote and hold office.

**Institutional Discounts** – A discount is available for multiple memberships from the same institution. After 2 members from the same institution pay at the full rate, every member there after is half the price

**Emeritus Member** - Emeritus members must be former Chiefs of General Internal Medicine. They shall pay dues at a rate determined by the executive committee and shall have the right to vote, but not run for office.

**FULL \$350**       **Institutional Discount \$175 (See above)**       **EMERITUS \*\$350**

Name of two other ACGIM members from your institution

1) \_\_\_\_\_ 2) \_\_\_\_\_

## III. Payment Method

Check Enclosed     VISA     MasterCard    Card Number \_\_\_\_\_

Name on Card (print) \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

RETURN COMPLETED APPLICATION and PAYMENT TO:  
ACGIM, 2501 M STREET NW, SUITE 575, WASHINGTON, DC 20037 or FAX: (202) 887-5405  
For more information contact Kay Ovington, Chief Operations Officer at (800) 822-3060 or (202) 887-5150