



2009 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