

# AAHPM Membership Application

Join AAHPM online at [aahpm.org](http://aahpm.org), or mail or fax this completed application to AAHPM, PO Box 3781, Oak Brook, IL, 60522-3781, fax 847.375.6475.

Name \_\_\_\_\_ Professional Credentials \_\_\_\_\_

Title \_\_\_\_\_ Preferred Mailing Address  Office  Home

Institution \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_

## Type of Membership

- |                                                                                                                                                                 |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                             |
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| <input type="checkbox"/> <b>Application Fee</b> <b>\$50</b><br>Required for new members                                                                         | <input type="checkbox"/> <b>Fellow</b> <b>\$180</b><br>Fellow who currently is in a fellowship program with an accredited institution; documentation must be provided from the current fellowship program director | <input type="checkbox"/> <b>Student</b> <b>\$0</b><br>Full-time medical, nursing, pharmacy, or social work student with documentation from the dean of the program; this is a virtual membership (electronic access only)                                                                   |
| <input type="checkbox"/> <b>Physician</b> <b>\$535</b><br>Practicing physician who holds an MD, DO, or equivalent degree                                        | <input type="checkbox"/> <b>Resident</b> <b>\$0</b><br>Resident with documentation from the dean of the program; this is a virtual membership (electronic access only)                                             | <input type="checkbox"/> <b>International Corresponding</b> <b>\$30</b><br>Practicing physician who holds an MD, DO, or equivalent degree who resides in a developing nation (defined by the World Bank as "lower or middle income"); this is a virtual membership (electronic access only) |
| <input type="checkbox"/> <b>Affiliate</b> <b>\$295</b><br>Nurse, physician assistant, social worker, pharmacist, or other nonphysician health-care professional |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                             |

## Demographics

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| <b>Degree</b><br><input type="checkbox"/> DO<br><input type="checkbox"/> MD<br><input type="checkbox"/> Nonphysician/Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Primary Work Setting</b><br><input type="checkbox"/> Academic Hospital/Teaching Center<br><input type="checkbox"/> Clinical Private Practice<br><input type="checkbox"/> Community-Based Palliative Care<br><input type="checkbox"/> Government<br><input type="checkbox"/> Home Health Agency<br><input type="checkbox"/> Hospice<br><input type="checkbox"/> Hospital-Based Palliative Care<br><input type="checkbox"/> Hospital/Medical Center<br><input type="checkbox"/> Long-Term Care Facility<br><input type="checkbox"/> Other _____ | <b>Primary Position</b><br><input type="checkbox"/> Academia—Faculty<br><input type="checkbox"/> Academia—Fellowship Director<br><input type="checkbox"/> Chaplain<br><input type="checkbox"/> Chief Medical Officer<br><input type="checkbox"/> Hospice Medical Director<br><input type="checkbox"/> Hospice Physician<br><input type="checkbox"/> NP/APN/Advanced Nursing Degree<br><input type="checkbox"/> Nurse<br><input type="checkbox"/> Pharmacist<br><input type="checkbox"/> Physician Assistant<br><input type="checkbox"/> Social Worker<br><input type="checkbox"/> Physician Other _____<br><input type="checkbox"/> Nonphysician Other _____ |
| <b>Primary Board Specialty</b><br><input type="checkbox"/> Anesthesiology<br><input type="checkbox"/> Emergency Medicine<br><input type="checkbox"/> Family Medicine<br><input type="checkbox"/> Internal Medicine<br><input type="checkbox"/> Obstetrics and Gynecology<br><input type="checkbox"/> Pediatrics<br><input type="checkbox"/> Physical Medicine and Rehabilitation<br><input type="checkbox"/> Psychiatry and Neurology<br><input type="checkbox"/> Radiology<br><input type="checkbox"/> Surgery<br><input type="checkbox"/> Physician Other _____<br><input type="checkbox"/> Nonphysician Other _____ | <b>Primary Responsibility</b><br><input type="checkbox"/> Academic<br><input type="checkbox"/> Clinical<br><input type="checkbox"/> Management/Leadership<br><input type="checkbox"/> Quality<br><input type="checkbox"/> Research                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Visit [aahpm.org](http://aahpm.org) to complete your member profile.

## Payment

Mastercard  Visa  American Express  Discover

Check enclosed (payable to AAHPM; must be in US funds. A \$25 charge will apply to checks returned for insufficient funds.)

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_ Cardholder's name (please print) \_\_\_\_\_

Consult your tax adviser for information on dues deductibility.