AAHPM Membership Application

Join AAHPM online at 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

- Application Fee $50
  Required for new members

- Physician $575
  Practicing physician who holds an MD, DO, or equivalent degree

- Affiliate $320
  Nurse, physician assistant, social worker, pharmacist, or other nonphysician health-care professional

- Fellow $190
  Fellow who currently is in a fellowship program with an accredited institution; documentation must be provided from the current fellowship program director

- Resident $0
  Resident with documentation from the dean of the program; this is a virtual membership (electronic access only)

- Student $0
  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)

- International Corresponding $30
  Practicing physician who holds an MD, DO, or equivalent degree who resides in a developing nation (defined by the World Bank’s “lower or middle income”); this is a virtual membership (electronic access only)

Demographics

Degree

- DO
- MD
- Nonphysician/Other

Primary Board Specialty

- Anesthesiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Physical Medicine and Rehabilitation
- Psychiatry and Neurology
- Radiology
- Surgery
- Physician Other
- Nonphysician Other

Primary Work Setting

- Academic Hospital/Teaching Center
- Clinical Private Practice
- Community-Based Palliative Care
- Government
- Home Health Agency
- Hospice
- Hospital-Based Palliative Care
- Hospital/Medical Center
- Long-Term Care Facility
- Other

Primary Responsibility

- Academic
- Clinical
- Management/Leadership
- Quality
- Research

Primary Position

- Academia—Faculty
- Academia—Fellowship Director
- Chaplain
- Chief Medical Officer
- Hospice Medical Director
- Hospice Physician
- NP/APN/Advanced Nursing Degree
- Nurse
- Pharmacist
- Physician Assistant
- Social Worker
- Physician Other
- Nonphysician Other

Visit 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.

Visit aahpm.org PalliativeDoctors.org 847.375.4712

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