

IMAGINE

THE POSSIBILITIES

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- Access to our online medical student newsletter, *IMpact*.
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- Online access to the Internal Medicine Residency Database, the Mentoring Database, and additional online career information.
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**Please enter priority code IMIGo9 when applying online.**

Or complete the application on the reverse side of this sheet and return it to your meeting coordinator.

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**APPLICATION FOR AMERICAN COLLEGE OF PHYSICIANS MEDICAL STUDENT MEMBERSHIP**

Please complete this form and return to your meeting coordinator for bulk mailing to ACP. Meeting coordinator, please mail collected forms to:

Member Credentialing  
American College of Physicians  
190 N. Independence Mall West  
Philadelphia, PA 19106-1572  
or fax to (215) 351-2759

**PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State/Province Zip Code Country

\_\_\_\_\_  
Daytime Phone Home Phone

Email Address \_\_\_\_\_

\_\_\_\_\_  
Date of Birth (Month / Day / Year)

Please check here if you wish to be excluded from non-ACP related mailings

Medical School \_\_\_\_\_

Anticipated Graduation Year and Degree \_\_\_\_\_

If you are in Active Duty or on a Military Scholarship,  
please check the Branch:

Army  Navy  Air Force

The following will help provide ACP with accurate membership statistical information,  
but will not be considered in connection with your application for Medical Student  
membership. Completion is optional.

**PLEASE CHECK ONE**

Male  Female  Elect not to specify

**ETHNICITY**

- White, not of Hispanic origin (1)
- African/African American (2)
- Asian/Asian American (3)
- Arab (4)
- Hispanic (5)
- Indian (I)
- Pakistani (P)
- Native American/Alaskan Native (7)
- Pacific Islander (8)
- Other (Please indicate) (9) \_\_\_\_\_
- Elect not to specify (U)

**Priority Code IMIGog**