

**To apply for membership:**

1. Please complete all fields and sign application below. All fields are required unless otherwise noted.
2. Enclose your dues payable to ACP (or include credit card information on the application) and return by fax or mail.

**Applicant Contact Information**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Dept.  Suite  Apt.  Post Office Box  Private Mailbox \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP +4 \_\_\_\_\_

Country \_\_\_\_\_ Mailing Address:  Home  Office

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

Current Military Rank (if applicable): \_\_\_\_\_

I wish to be part of the following U.S. Armed Forces ACP Chapter:

U.S. Army  U.S. Air Force  U.S. Navy

**Type of License:**

- Clinical Nurse Specialist  Licensed Practical Nurse  Registered Nurse  
 Clinical Pharmacist  Nurse Practitioner  Other (please identify) \_\_\_\_\_  
 Clinical Psychologist  Physician Assistant \_\_\_\_\_

If you are unable to check the box above, please contact ACP Member and Product Support directly at help@acponline.org.

**Demographic Information**

**Do you identify as Latinx, Latino, Latina or Hispanic?**

Yes  No  Prefer not to answer

**Do you identify as Middle Eastern or North African?**

Yes  No  Prefer not to answer

**With what racial group(s) do you identify? Please select all that apply.**

- Amer Indian, Native Amer, Indigenous or AK Native  
 Asian, Asian American or Pan Asian  
 Black, African American or Afro-Caribbean  
 Native Hawaiian or Pacific Islander  
 White  
 Prefer to specify: \_\_\_\_\_  
 Prefer not to answer

**What is your gender?**

- Woman  Man  Genderqueer  
 Non-Binary/Third Gender  
 Prefer to self-describe: \_\_\_\_\_  
 Prefer not to answer

**Do you identify as Transgender?**

Yes  No  Prefer not to answer

**Applicant's ACP # (if known)**

**Code:** \_\_\_\_\_

Date of Birth   /   /    
 Month Day Year

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

Cell Phone \_\_\_\_\_

Yes, I would like to receive updates from ACP regarding my dues, membership, and information related to my existing ACP products and services via text or pre-recorded messages.

**Preferred E-mail Address** \_\_\_\_\_

(Required for immediate access to online member benefits, including journals)

**Recovery E-mail Address** \_\_\_\_\_

(For account authorization and deliverability purposes.)

**License State** \_\_\_\_\_

**License Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

Other surname used professionally \_\_\_\_\_  
 (If applicable; to assist in verifying information)

**Primary Employer:**

- Full/part owner of privately owned practice  
 Employee of a privately owned practice  
 Academic medical center (AMC)/medical school  
 Private community hospital  
 Federal government (including military)  
 State or local government  
 Multispecialty clinic  
 Insurance company or HMO  
 Locum tenens  
 Other

**SIGNATURE OF APPLICANT:** I affirm that I have not been the subject of disciplinary action and that if I am in clinical practice that all licenses granted to me are active and current\*. I have read the ACP Pledge (www.acponline.org/acppledge) and affirm that I will uphold the ethics of medicine, as exemplified by the standards and traditions of the College.

\*If you are in clinical practice and your license(s) is (are) not in good standing, or if you have been subject to disciplinary action, please attach a detailed explanation, including current status, of any issue(s).

**Sign Here** 

Signature of Applicant (Required) \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE DO NOT DETACH.**

**PAYMENT REQUIRED WITH APPLICATION**

Send application with payment to: American College of Physicians, Member and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, or fax to +1-215-351-2799.

Dues are for online-only access to benefits and are currently **\$155 per year**. ACP membership is valid for one year from join date.

Amount Paid \_\_\_\_\_

ACP USE ONLY

**Check enclosed.** Must make payable to ACP, and remit in U.S. funds drawn on a U.S. bank.

**Charge dues to:**



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Required

Full Name of Applicant (Please Print) \_\_\_\_\_

## Instructions

For additional requirements or to join online, go to [www.acponline.org/join](http://www.acponline.org/join). Canadian applicants should complete an Canadian Non-physician Affiliate Membership Application and refer to the College's Web site for dues rates.

### 1. Eligibility

Eligibility for ACP Non-Physician Affiliate membership shall include licensed nonphysician health care professionals working in the U.S. who maintain a professional credential to practice. Non-Physician Affiliate membership is available but not limited to physician assistants, nurse practitioners and other advanced practice nurses, registered nurses, pharmacists and doctors of pharmacy, genetic counselors, clinical social workers, and clinical psychologists. This membership category is not for administrative personnel.

### 2. Materials to Be Submitted

Generally, the election process takes approximately two weeks providing the application is complete and includes a dues payment.

**Application form.** All information must be completed, and the applicant must sign the application form. Incomplete or unsigned applications will be returned to the applicant. The applicant should retain a copy for their records.

**Dues payment.** ACP membership is valid for one year from join date. Annual dues include fees to support both the national ACP and your local chapter.

### 3. About ACP Membership

The majority of your membership dues may be tax deductible as a business expense. Dues are based on your member class and years since medical school graduation (if applicable). Your dues are allocated to several specific entities: primarily to ACP, secondarily to your local chapter, and tertiary to ACP Services. Full payment of dues is required in order to maintain ACP membership in good standing. Total dues owed are subject to change annually. Please note:

- ACP is a 501(c)(3) organization. The majority of your total dues allocated is earmarked for education, information, and publications, all of which support the College's mission. In addition, a subscription price for members who receive ACP print publications is a component of your national dues. Subscriptions cannot be deducted from dues.
- ACP Services is a 501(c)(6) organization. The smaller portion of your total dues allocated belong to ACP Services. These are earmarked for lobbying and advocacy as well as other business and noncharitable functions and are not deductible as a charitable contribution for U.S. federal income tax purposes. For information on the activities that fall within ACP Services, please visit [www.acpservices.org](http://www.acpservices.org).
- If you reside in an area where there is an ACP chapter, or if you are a member of the military, a portion of your dues is allocated to your local or military chapter.

Please visit [www.acponline.org/dues](http://www.acponline.org/dues) to learn how dues are apportioned to each entity. Consult your tax professional for more detail.

### 4. Notification of Election

Applicants are sent a welcome e-mail within four weeks of election.

### 5. ACP Ethics Statement

ACP members are expected to uphold the ethics of medicine as exemplified by the standards and traditions of ACP, including those in the *Ethics Manual* ([www.acponline.org/ethicsmanual](http://www.acponline.org/ethicsmanual)). A booklet version can be ordered through Member and Product Support. Members should be familiar with the College's current Procedures for Addressing Ethical Complaints Against College Physician Members ([www.acponline.org/complaintsprocedures](http://www.acponline.org/complaintsprocedures)). The staff of ACP's Center for Ethics and Professionalism is available as a resource for questions concerning ethics.

**For Assistance, Call +1-215-351-2600 or 800-227-1915 in the U.S. or Canada**

(M-F, 9 a.m.-5 p.m. ET)

Fax: +1-215-351-2799

E-mail: [help@acponline.org](mailto:help@acponline.org)

**Send Application and Dues Payment:**

ACP, Member and Product Support, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA