

**To apply for membership:**

1. Complete and sign application below.
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.

Other surname used professionally  
(To assist in verifying information)

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

**Code:**

Date of Birth Month Day Year

Daytime Phone

Cell Phone

**Preferred E-mail Address**

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

License State

License Number

Expiration Date

**Type of License:**

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

**SIGNATURE OF APPLICANT: I affirm that all licenses granted to me are in good standing and that I have not been the subject of disciplinary action. I agree that my professional conduct will be consistent with the ethical standards of ACP and of my profession. I understand that ACP may review my credentials in order to evaluate my application.**

**If you are unable to check the box above, please contact ACP Member Credentialing directly at [help@acponline.org](mailto:help@acponline.org), or call toll-free 1 800 523-1546.**

**Sign Here** 

Signature of Applicant (Required)

Date

**Applicant Please Note:** The following information will help provide ACP with accurate membership statistical data but will not be considered in connection with your application for membership. Completion is optional.

**Gender:** Male Female Elect not to specify

**Communication Preferences:** Yes! I would like to receive updates about products & services, promotions, special offers, newsletters, & events from ACP via SMS E-mail

**PLEASE DO NOT DETACH.**

**PAYMENT REQUIRED WITH APPLICATION**

Send application with payment to: American College of Physicians, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572, USA, or fax to 215-351-2759.

Dues are for online-only benefits and are currently \$119 USD per year (July 1, 2019, to June 30, 2020).

Amount Paid: \$119 USD

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

### 1. Eligibility

Eligibility for ACP Non-Physician Affiliate membership shall include licensed nonphysician health care professionals 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.

### 2. Submission of Application Materials

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 his/her records.
- **Dues Payment.** ACP's membership year runs from July 1 through June 30 of each year.  
All ACP dues are subject to change annually. Chapter dues are waived for newly elected members. Annual dues include fees to support both the national ACP and your local chapter.

### 3. Notification of Election

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

**For Assistance, Call 800-227-1915**

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

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

**Send Application and Dues Payment to:**

ACP, Member Credentialing, 190 N. Independence Mall West, Philadelphia, PA 19106-1572 USA