# Physician A liate Membership Application for Physicians in the United States

To apply for membership:
1. Please complete all elds and sign application below. All elds 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.

Education/Training Information:

Q I have graduated from a medical school listed in the World Directory of Medical Schools (www.wdoms.org).

My primary specialty is: Q Family Medicine/Family Practice Q Pediatrics Q Obstetrics Q Gynecology Q Surgery Q Emergency Medicine
Q Other (please identify) _____

For ACP Use Only
DNS Status _____ Elected _____ Payment Rec'd: _____

PLEASE DO NOT DETACH.

1.