



ASAM American Society of
Addiction Medicine

2017 Membership Application

CONTACT INFORMATION

Title(Mr.,Mrs.,Dr.): _____

Name: _____

Organization: _____

Position: _____

Business Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____

Home Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____

Preferred Address : Home Business

Business Phone: (_____) _____ Mobile Phone: (_____) _____

HomePhone:(_____) _____ Website: _____

E-mail: _____

PROFESSIONAL INFORMATION

Medical or Clinical License #: _____ State of License: _____ Expiration Date: ____/____/____

Primary Specialty: _____ Certified: Yes No

Secondary Specialty: _____ Certified: Yes No

Medical School: _____ Year Completed: _____

Residency School: _____ Year Completed: _____

Residency Specialty: _____

Length of Residency: _____

Are you currently certified in addiction medicine by the American Board of Addiction Medicine? Yes No Certification Number: _____

Are you currently certified in addiction psychiatry by the American Board of Psychiatry and Neurology? Yes No Certification Number: _____

Are you currently certified in addiction medicine by the American Board of Preventive Medicine? Yes No Certification Number: _____

See Back

PROFESSIONAL INFORMATION (CON'T)

(Associate Members Only)
Associate members in a clinical setting must have a state clinical license. (An equivalent master's level certification accepted if no clinical licensure is available in their state.)

Degree: _____

- License Registered Nurse (LRN)
Clinical Nurse Specialist in Psychiatry (Psych-CNS)
Nurse Practitioner (NP)
Certified Addiction Registered Nurse (CARN)
Physician Assistant (PA)
Licensed Drug and Alcohol Counselor*
Doctor of Pharmacy (PharmD)
Social Worker*
Psychologist (PsyD)
Doctor of Dental Medicine (DMD)
Doctor of Nursing Science (DNP or equivalent)
Doctor of Dental Surgery (DDS)
Doctor of Philosophy (PhD)
Doctor of Veterinary Medicine (DVM)

*Requires a master's level degree or higher

DEMOGRAPHICS

Date of Birth: ____/____/____

Gender (Optional): Male Female

Race (Optional): White Black Hispanic Asian American Indian Other

EMPLOYMENT SECTOR

- Self Employed Solo Practice
Group Practice (3 or more physicians)
Medical School
Community Mental Health Care Center
City/County/State Government
Non-government Outpatient Addiction Treatment Center
Two-physician Practice
Non-government Residential Addiction Treatment Center
HMO
Federally Qualified Health Center
Non-government Hospital
Other Patient Care Employment
US Government
Other Non-patient Care Employment
Other

Other Memberships (Check all that apply):

- AAAP AACP AAFP ACP AMA AOA APA CMA OMA

Do you have any pending investigations affecting your medical license or practice? Yes No

Primary type of Practice: Direct patient care Medical Research
Medical Education Administrative activities Other non-patient care

What percentage of your practice is addiction treatment?

- 100% 76-99% 51-75% 26-50% 1-25% 0%

How many addiction treatment patients do you see in an average week?

- 40+ 31-40 21-30 11-20 1-10 0

Please enter the percent of your practice's payer mix by the following categories (Total should add up to 100%):

Medicare: ___ Medicaid: ___ Commercial: ___ Self Pay: ___ Other: ___

ASAM occasionally makes your postal address and/or email address available to screened third party organizations offering products and/or services that may interest you. Please note that your email address is NEVER released directly to these third-party organizations. Do you wish to be excluded from these mailings?

Exclude my postal mail address: Yes No

Exclude my e-mail address: Yes No

MEMBER CATEGORY

- Regular \$500 Licensed to practice allopathic or osteopathic medicine in the US.
Early Career Physician (ECP)* \$250 Physicians in their first two years after completing an accredited Residency or Fellowship program OR in the first two years of practicing addiction medicine on a full time basis.
Associate* \$260 Open to individuals who teach, conduct research or provide clinical care for individuals who are at risk for having a substance use disorder.
International \$310 Reside or work outside the US or its territories; must maintain valid medical license in their country or province.
Retired \$150 Completely retired from the practice of medicine.
Resident* \$40 Interns, residents or fellows serving in an approved hospital or fellowship program. Must have a valid license in localities where required or an equivalent certifying document.
Medical Student* \$0 Enrolled and in good standing in a formally accredited allopathic or osteopathic medical school.

*Early Career Physician, Resident, Associate and Student members receive online only access to the Journal of Addiction Medicine.

PAYMENT

National Membership: \$ _____

Chapter Membership: \$ _____

Unrestricted Contribution*: \$ _____

Total Payment Enclosed: \$ _____

*Helps Advance ASAM's Strategic Goals.

SELECT PAYMENT METHOD

- Check #: _____ (payable to ASAM)**
Cash/Money Order
VISA
Mastercard
AMEX
Discover

Card #: _____

Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Save credit card information for membership auto renewal

- National and Chapter dues payments (where applicable) are required.
TAX Information: EIN#13-3177396
Your ASAM dues may be deductible as a business expense.
Membership Valid Through December 31, 2017.

**Note: When making payments by check, you authorize ASAM to electronically process your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

SEND COMPLETED APPLICATION AND PAYMENT TO
American Society of Addiction Medicine
11400 Rockville Pike, Suite 200
Rockville, MD 20852
OR Fax 301.656.3815

2017 ASAM CHAPTER MEMBERSHIP DUES

All members of the national organization are required to join the chartered state chapter in their state or country of residence or work, when applicable. Please select your chapter and dues based on the membership category you selected.

| State | Regular | ECP | Associate | Retired | Resident | Student |
|--|----------|----------|-----------|---------|----------|---------|
| Alabama | \$75.00 | \$50.00 | \$25.00 | \$50.00 | \$0.00 | \$0.00 |
| Arizona | \$75.00 | \$35.00 | \$35.00 | \$25.00 | \$10.00 | \$0.00 |
| Arkansas | \$35.00 | \$25.00 | \$20.00 | \$25.00 | \$15.00 | \$0.00 |
| California | \$205.00 | \$102.00 | \$0.00 | \$60.00 | \$30.00 | \$20.00 |
| Colorado | \$50.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Connecticut | \$75.00 | \$0.00 | \$0.00 | \$15.00 | \$0.00 | \$0.00 |
| Florida | \$103.00 | \$0.00 | \$0.00 | \$62.00 | \$0.00 | \$0.00 |
| Georgia | \$50.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$10.00 |
| Hawaii | \$50.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Illinois | \$100.00 | \$25.00 | \$40.00 | \$40.00 | \$30.00 | \$10.00 |
| Indiana | \$50.00 | \$30.00 | \$0.00 | \$30.00 | \$0.00 | \$0.00 |
| Kansas (Midwest Chapter) | \$35.00 | \$0.00 | \$20.00 | \$10.00 | \$0.00 | \$0.00 |
| Kentucky | \$50.00 | \$20.00 | \$30.00 | \$15.00 | \$10.00 | \$0.00 |
| Louisiana | \$25.00 | \$0.00 | \$0.00 | \$15.00 | \$15.00 | \$0.00 |
| Maine (Northern New England Chapter) | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$0.00 | \$0.00 |
| Maryland | \$40.00 | \$10.00 | \$20.00 | \$10.00 | \$0.00 | \$0.00 |
| Massachusetts | \$80.00 | \$80.00 | \$40.00 | \$30.00 | \$0.00 | \$0.00 |
| Michigan | \$125.00 | \$100.00 | \$50.00 | \$25.00 | \$0.00 | \$0.00 |
| Minnesota | \$60.00 | \$45.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Mississippi | \$30.00 | \$30.00 | \$20.00 | \$25.00 | \$10.00 | \$0.00 |
| Missouri (Midwest Chapter) | \$35.00 | \$0.00 | \$20.00 | \$10.00 | \$0.00 | \$0.00 |
| Nebraska (Midwest Chapter) | \$35.00 | \$0.00 | \$20.00 | \$10.00 | \$0.00 | \$0.00 |
| Nevada | \$40.00 | \$25.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| New Hampshire (Northern New England Chapter) | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$0.00 | \$0.00 |
| New Jersey | \$50.00 | \$15.00 | \$0.00 | \$0.00 | \$15.00 | \$0.00 |
| New Mexico | \$50.00 | \$50.00 | \$25.00 | \$50.00 | \$0.00 | \$0.00 |
| New York | \$125.00 | \$55.00 | \$50.00 | \$55.00 | \$30.00 | \$0.00 |
| North Carolina | \$65.00 | \$0.00 | \$65.00 | \$0.00 | \$0.00 | \$0.00 |
| Ohio | \$60.00 | \$60.00 | \$0.00 | \$20.00 | \$5.00 | \$0.00 |
| Oklahoma | \$50.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Oregon | \$50.00 | \$0.00 | \$0.00 | \$25.00 | \$0.00 | \$0.00 |
| Pennsylvania | \$50.00 | \$30.00 | \$30.00 | \$10.00 | \$10.00 | \$0.00 |
| Rhode Island | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$0.00 | \$0.00 |
| South Carolina | \$40.00 | \$0.00 | \$0.00 | \$0.00 | \$15.00 | \$10.00 |
| Tennessee | \$60.00 | \$15.00 | \$15.00 | \$15.00 | \$15.00 | \$5.00 |
| Texas | \$30.00 | \$20.00 | \$20.00 | \$30.00 | \$10.00 | \$0.00 |
| Utah | \$25.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Vermont (Northern New England Chapter) | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$0.00 | \$0.00 |
| Virginia | \$60.00 | \$0.00 | \$0.00 | \$30.00 | \$0.00 | \$0.00 |
| Washington | \$60.00 | \$35.00 | \$35.00 | \$35.00 | \$0.00 | \$0.00 |
| West Virginia | \$35.00 | \$18.00 | \$20.00 | \$0.00 | \$10.00 | \$0.00 |
| Wisconsin | \$60.00 | \$25.00 | \$25.00 | \$25.00 | \$10.00 | \$0.00 |

No active ASAM Chapter in IA, ID, MT, WY