



RENEWING MEMBERSHIP FORM

Membership Valid Through December 31, 2013

Please fill out your name and note any changes in your information below.

Name: _____ Degree: _____

Position: _____ Organization: _____

Street Address: _____ Apt./P.O. Box: _____ Address is: Home Employer

City: _____ State/Province: _____ Zip + 4: _____ Country: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Phone Number is: Home Employer Mobile Website: _____

Demographic Information:

Date of Birth: ___/___/___ Gender: Male Female Race/Ethnicity: White Black Hispanic Asian American Indian Other

Medical License # _____ State of License: _____ Expiration Date: _____

(Active members must maintain a valid active allopathic or osteopathic medical license or certification of residency, fellowship, or student status.)

Employment Sector:

- | | | |
|--|--|--|
| <input type="checkbox"/> Self Employed solo practice | <input type="checkbox"/> Two-physician practice | Other Memberships (Check all that apply)
<input type="checkbox"/> AAAP <input type="checkbox"/> AACP <input type="checkbox"/> AAFP <input type="checkbox"/> ACP
<input type="checkbox"/> AMA <input type="checkbox"/> AOA <input type="checkbox"/> APA <input type="checkbox"/> CMA <input type="checkbox"/> OMD |
| <input type="checkbox"/> Group Practice (3 or more physicians) | <input type="checkbox"/> HMO | |
| <input type="checkbox"/> Community Mental Health Care Center | <input type="checkbox"/> Federally Qualified Health Center | |
| <input type="checkbox"/> Medical School | <input type="checkbox"/> Non-government Hospital | |
| <input type="checkbox"/> Non-government outpatient addiction treatment Center | <input type="checkbox"/> Other patient Care employment | |
| <input type="checkbox"/> Non-government residential addiction treatment Center | <input type="checkbox"/> Other non-patient care employment | |
| <input type="checkbox"/> City/County/State government | <input type="checkbox"/> U.S government | |
| <input type="checkbox"/> Other | | |

Primary type of Practice:	What percentage of your practice is addiction treatment?	How many addiction treatment patients do you see in an average week?	Please enter the percent of your practice's payer mix by the following categories:
<input type="checkbox"/> Direct patient care	<input type="checkbox"/> 100% <input type="checkbox"/> 76-99%	<input type="checkbox"/> 0 <input type="checkbox"/> 1-10	Medicare: ___ Medicaid: ___
<input type="checkbox"/> Medical Research	<input type="checkbox"/> 51-75% <input type="checkbox"/> 26-50%	<input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30	Commercial: ___ Self Pay: ___
<input type="checkbox"/> Medical Education	<input type="checkbox"/> 1-25% <input type="checkbox"/> 0%	<input type="checkbox"/> 31-40 <input type="checkbox"/> More than 40	Other: ___
<input type="checkbox"/> Administrative activities			(Total should add up to 100%)
<input type="checkbox"/> Other non-patient care			

About ASAM

ASAM is a professional society representing over 3,000 physicians dedicated to increasing access and improving quality of addiction treatment, education physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addictions.

Primary Specialty _____ Certified: Yes No

Secondary Specialty _____ Certified: Yes No

Medical School _____ Year Completed _____

Residency School _____ Year Completed _____

Residency Specialty _____

Length of Residency _____

How did you hear about ASAM? _____

Did an ASAM member tell you about the Society? YES NO

If yes, please provide the member's Name: _____

ASAM occasionally gives your name and postal mail address to companies that offer products of interest to physicians. Is it ok to include your name with these mailings? YES NO
Note that ASAM will NEVER give your email address to commercial companies.

Please see the back page for member rates and chapter information.



All members of the national organization are required to join the chartered state chapter in their state of residence or work, and all members of a state chapter are required to join the national organization. The intent is a unified chapter/national membership.

Chapter Membership Dues (Chapter rates are subject to change)

*Inactive Chapter

State	Regular	Retired	ECP	Resident	Student
Alabama	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
Arizona	\$75.00	\$25.00	\$75.00	\$0.00	\$0.00
Arkansas	\$35.00	\$25.00	\$25.00	\$15.00	\$0.00
California	\$205.00	\$60.00	\$102.00	\$30.00	\$20.00
Colorado	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
Connecticut	\$75.00	\$15.00	\$0.00	\$0.00	\$0.00
District of Columbia	\$55.00	\$35.00	\$0.00	\$15.00	\$0.00
Florida	\$100.00	\$60.00	\$0.00	\$0.00	\$0.00
Georgia	\$50.00	\$25.00	\$25.00	\$0.00	\$0.00
Hawaii	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
Idaho	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
Illinois	\$75.00	\$40.00	\$0.00	\$30.00	\$10.00
Indiana	\$50.00	\$30.00	\$0.00	\$30.00	\$0.00
Iowa*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kansas (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00	\$0.00
Kentucky	\$25.00	\$15.00	\$0.00	\$10.00	\$0.00
Louisiana	\$25.00	\$15.00	\$0.00	\$15.00	\$0.00
Maine (Northern New England Chapter)	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
Maryland	\$40.00	\$0.00	\$0.00	\$20.00	\$0.00
Massachusetts	\$75.00	\$25.00	\$25.00	\$0.00	\$0.00
Michigan	\$75.00	\$15.00	\$0.00	\$0.00	\$15.00
Minnesota	\$60.00	\$0.00	\$60.00	\$0.00	\$0.00
Mississippi	\$25.00	\$25.00	\$0.00	\$20.00	\$15.00
Missouri (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00	\$0.00
Montana (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00

State	Regular	Retired	ECP	Resident	Student
Nebraska (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00	\$0.00
Nevada*	\$30.00	\$0.00	\$0.00	\$0.00	\$10.00
New Hampshire (Northern New England Chapter)	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
New Jersey	\$50.00	\$0.00	\$15.00	\$15.00	\$0.00
New York	\$90.00	\$45.00	\$45.00	\$25.00	\$0.00
North Carolina	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00
Ohio	\$25.00	\$5.00	\$0.00	\$25.00	\$5.00
Oklahoma	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
Oregon	\$50.00	\$25.00	\$0.00	\$0.00	\$0.00
Pennsylvania	\$45.00	\$0.00	\$0.00	\$25.00	\$0.00
Rhode Island	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
South Carolina	\$40.00	\$0.00	\$0.00	\$15.00	\$10.00
Tennessee	\$50.00	\$15.00	\$0.00	\$0.00	\$0.00
Texas	\$30.00	\$30.00	\$0.00	\$30.00	\$10.00
Utah	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
Vermont (Northern New England Chapter)	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
Virginia	\$60.00	\$30.00	\$0.00	\$0.00	\$0.00
Washington	\$60.00	\$35.00	\$0.00	\$35.00	\$0.00
West Virginia	\$35.00	\$0.00	\$18.00	\$10.00	\$0.00
Wisconsin	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00
Wyoming (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00

All Active Membership Categories (other than Retired) must maintain a valid active allopathic or osteopathic medical license or certification of residency, fellowship, or student status. A valid active medical license is one issued by the appropriate agency and certifies that a physician is permitted to practice medicine within that country, province, or state. ASAM considers a medical license to be valid where stipulations and/or conditions have been placed on the license. The society shall not consider a license to be valid if it has been revoked, suspended, surrendered, or made subject to a sanction similar or equivalent to revocation, suspension, or surrender until such time as 1) the physician has notified ASAM that the sanction has expired or been removed, and 2) ASAM has confirmed the expiration or removal of the sanction with the state licensing board. These provisions shall apply equally to all licenses held by a physician. All active members shall submit the required dues and license certification at the time of joining or forfeit membership.

- Regular \$455 — Licensed to practice allopathic or osteopathic medicine in the US.
- Early Career Physicians* \$235 — 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.
- International \$300 — Reside or work outside the US or its territories; must maintain valid medical license in their country or province.
- Retired \$140 — Completely retired from the practice of medicine or osteopathy.
- Resident \$35 — 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.
- Med Student* \$0 Enrolled and in good standing in formally accredited allopathic or osteopathic medical schools. *Students must submit a certifying letter from their school or the contact information for the dean of the school with their application.*

- National and Chapter dues payments (where applicable) are required.
- Payment Method (U.S. Dollars Only)
- TAX Information: EIN#13-3177396
- Your ASAM dues may be deductible as a business expense.

Unrestricted Contribution

\$ _____; Helps Advance ASAM's Strategic Goals.

Check # _____ Money Order

Credit Card: Visa MasterCard AMEX Discover

Name on Card _____

Card # _____

Exp Date _____ Security Code _____

Signature _____

TOTAL PAYMENT ENCLOSED \$ _____

(Payment must accompany application form)



American Society of Addiction Medicine

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