



ACNM Membership Department
 1850 Samuel Morse Dr.
 Reston, VA 20190
 P: (703) 326-1186
 F: (703) 667-5134

EMERITUS MEMBERSHIP APPLICATION

Annual Dues: \$70.00 USD

An Emeritus member shall be (i) an individual who has been a member of the College for at least ten years and who has attained the age of 70 years, or (ii) an individual who has been a member of the College for at least ten years, attained the age of 60, and retired from the practice of medicine or related sciences. Emeritus Members shall not have the right to vote, to hold elective office, or to serve on the Board of Directors, but may be appointed to committees and may be elected to Fellowship. Emeritus Membership includes an online-only subscription to the *Clinical Nuclear Medicine Journal*.

(Please Print): Member Number: _____ Date of Birth: _____ Date Joined: _____

Full Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I confirm that I meet the required criteria for emeritus status for the following reason (please select one):

- I am an individual who has been a member of the College for at least ten years and who has attained the age of 70 years
- I am an individual who has been a member of the College for at least ten years, attained the age of 60, and retired from the practice of medicine or related sciences.

I, the undersigned, verify that all of the above information I have listed is true to the best of my knowledge.

Applicant's Signature _____ Date: _____

<u>Payment Information</u>	Total Amount: _____
<input type="checkbox"/> Enclosed is a check in U.S. dollars, drawn on a U.S. bank, made payable to the American College of Nuclear Medicine.	
<u>Credit Card Payment:</u> <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card Number: _____	Expiration Date: _____
Name as it appears on Card: _____	Security Code: _____
Cardholder Signature: _____	Date: _____

Please return this completed application via **FAX** to (703) 667-5134, **EMAIL** to Memberinfo@acnmonline.org, or **MAIL** to:

American College of Nuclear Medicine
 Membership Department
 1850 Samuel Morse Drive
 Reston, VA 20190

For ACNM Internal Use:

Date Received: _____ Join Date: _____ 10 Yrs of Membership Met: **Yes No**

Date Approved: _____ Comments: _____

ACNM's dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. If you have any questions regarding your membership, please contact ACNM Member Services at (703) 326-1186 or memberinfo@acnmonline.org.