



Association of Pulmonary and Critical Care Medicine Program Directors

MEMBERSHIP DUES INVOICE - July 1, 2011 - June 30, 2012

This is your Statement of Dues for July 1, 2011 - June 30, 2012 for membership in the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD). Payment is due upon receipt of this invoice. Your prompt payment will be appreciated.

Program Director Information: (see member dues amount below)

NAME		ACCP MEMBER ID#	
COMPANY			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE		FAX	
EMAIL			

If you wish to enroll your Associate Program Director into the APCCMPD, include their contact information below. The yearly membership dues for Associate Program Directors is \$50.00 **in addition to** the yearly \$100.00 dues for Program Directors.

Associate Program Director Information: (see member dues amount below)

NAME		ACCP MEMBER ID#	
COMPANY			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE		FAX	
EMAIL			

Payment (please check all that apply)

<input type="checkbox"/> #1641	ACGME-accredited Program Director Membership Dues	\$100
<input type="checkbox"/> #1642	ACGME-accredited Associate Program Director Membership Dues	\$50
<input type="checkbox"/> #1652	International Program Dues	\$50
<input type="checkbox"/> #1681	Non-ACGME-accredited Program Dues	\$50

Total payment due (USD) \$ _____

Mail, E-mail or Fax to:

Laura Nolan
APCCMPD
3300 Dundee Road
Northbrook, IL 60062
847-498-5460 (Fax)
apccmpd@chestnet.org

Checks Payable To: APCCMPD (Association of Pulmonary and Critical Care Medicine Program Directors)

Charge my American Express MasterCard VISA

CARD NUMBER _____ EXP DATE _____

SIGNATURE _____

Billing Address Same as above

ADDRESS _____

CITY _____ STATE _____ ZIP _____