



**ASAM** American Society of  
Addiction Medicine

# 2018 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: \_\_\_\_\_

### (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: \_\_\_\_\_

**PROFESSIONAL INFORMATION (CON'T)**

(Associate Members Only continued...)

- Licensed 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)
 Licensed Marriage and Family Therapist (LMFT)
 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

(Medical Student Members Only)

Medical School:
Expected Graduation Date:
Dean's Name:
Dean's E-mail:

**DEMOGRAPHICS**

Date of Birth:
Gender (Optional):
Race (Optional):

**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?

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

## 2018 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	\$0.00	\$0.00	\$0.00	\$0.00
Maryland-DC	\$60.00	\$20.00	\$30.00	\$20.00	\$0.00	\$0.00
Massachusetts	\$80.00	\$80.00	\$40.00	\$30.00	\$0.00	\$0.00
Michigan	\$75.00	\$50.00	\$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	\$0.00	\$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	\$75.00	\$25.00	\$25.00	\$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	\$20.00	\$0.00	\$15.00	\$0.00
Tennessee	\$60.00	\$15.00	\$15.00	\$15.00	\$15.00	\$5.00
Texas	\$30.00	\$20.00	\$30.00	\$20.00	\$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	\$0.00	\$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	\$75.00	\$35.00	\$35.00	\$35.00	\$10.00	\$0.00

No active ASAM Chapters in AK, DE, IA, ID, ND, & SD