



**ASAM** American Society of  
Addiction Medicine

# 2016 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: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Web Site: \_\_\_\_\_

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 addiction psychiatry by the American Board of Psychiatry and Neurology?  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: \_\_\_\_\_

- 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\*
Psychologists (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
U.S 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 3rd 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 \$485 Licensed to practice allopathic or osteopathic medicine in the US.
Early Career Physician (ECP)\* \$245 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\* \$255 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 \$145 Completely retired from the practice of medicine.
Resident\* \$37 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: \$ \_\_\_\_\_

**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: \_\_\_\_\_

- \*Helps Advance ASAM's Strategic Goals.
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, 2016.

SEND COMPLETED APPLICATION AND PAYMENT TO
American Society of Addiction Medicine
4601 North Park Avenue, Upper Arcade, Suite #101
Chevy Chase, MD 20815
OR Fax 301-656-3815

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.

## 2016 ASAM CHAPTER MEMBERSHIP DUES

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

State	Regular	ECP	Associate	Retired	Resident	Student
Alabama	\$50.00	\$0.00	\$0.00	\$0.00	\$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	N/A*	\$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	\$0.00	\$0.00
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	\$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	\$60.00	\$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	\$100.00	\$45.00	\$40.00	\$45.00	\$25.00	\$0.00
North Carolina	\$60.00	\$0.00	\$0.00	\$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	\$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	\$60.00	\$25.00	\$25.00	\$25.00	\$10.00	\$0.00

\*Chapter Not Participating in 2016 Pilot Program for Associate Members.  
No active ASAM Chapter in DC, IA, ID, MT, WY