



2018 Membership Form

Name: _____ Degree: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I am a: Renewing member - \$50 New member - \$50

Primary affiliation: Medical specialty society Medical school
 Medical society or accreditation body Hospital
 Other (specify): _____ Communications company

Referred by: _____

Please indicate which category of educational offerings would most benefit your CME Program?

- Introductory information for the CME educator (1-2 years in practice)
 Intermediate information for the CME educator (3-7 years in practice)
 Advanced information for the CME educator (8 years or more in practice)

What topics should be addresses at a future IACME Educational Meeting? _____

What services could IACME provide that would help you in your CME career? _____

I am interested in working on the : Bylaws Committee Marketing & Technology Committee
 Membership Committee Program Committee
 Supportive Committee Volunteer
(individual event support for a committee i.e. registration table volunteer)

Note: IACME operates on a May 1 renewal schedule. All new or renewal membership payments received will expire annually on May 1. Examples: All membership payments received between Jan 1 2017 thru Dec 31 2017 will expire on May 1 2018.

Make check payable to *Illinois Alliance for Continuing Medical Education* and mail with membership form to Nikki Berry, Executive Secretary, IACME, P.O. Box 3266, Oak Brook, IL, 60522. You may pay with a credit card via online submissions only at www.iacmeonline.org/membership

Questions? Call Nikki at 630-674-5292 or e-mail ilalliance@aol.com

“Education, Collaboration, Fellowship, Networking”
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