



ACPM CORPORATE ROUNDTABLE APPLICATION FORM

REQUIRED COMPONENTS

- Completed application form (print or online)
- Copy of your organization’s mission statement
- Brief statement describing your interest in and expectations for membership
- Signed copy of ACPM Policies on Corporate Relationships (page 11)

TO APPLY, COMPLETE THIS PRINT FORM OR THE ONLINE FORM AT: ACPM.ORG/CR

MEMBER DETAILS

Company Name: _____

Membership Level: Gold \$15,000 Silver \$10,000 Bronze \$6,000

Check enclosed. Check #: _____

Purchase Order enclosed.

Invoice request: Yes No

PAYABLE TO "AMERICAN COLLEGE OF PREVENTIVE MEDICINE" (TIN: 23-1722119)

CREDIT CARD INFO

Cardholders Name: _____

Card Number: _____

Expiration Date: _____ CSV Number _____

CONTACT DETAILS

Full Name: _____

Professional Title: _____

Department: _____

Mailing Address: _____

City _____

State _____ Zip: _____

Phone: _____

Email: _____

ALTERNATE CONTACT

Full Name: _____

Professional Title: _____

Department: _____

Mailing Address: _____

City _____

State _____ Zip: _____

Phone: _____

Email: _____

RETURN FORM + ALL REQUIRED COMPONENTS BY MAIL OR EMAIL (PREFERRED):

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American College of Preventive Medicine
physicians dedicated to prevention