

# Join ACU!

## ACU Membership

- Individual (\$125)**—Subscription to the *Journal of Health Care for the Poor and Underserved* (print\* and online), annual wall calendar, *Clinician & Community* e-newsletter, practice resources, use of the ACU Career Center and 20% discount on job postings, online membership directory, information on discounts, scholarships and grant opportunities, and a voice in Washington for you and your community.
- Associate (\$60)**—For Community Health Workers, those with limited income of less than \$35,000 or retired. All of the benefits of the individual membership listed above.
- Health Professional-in-Training, full time (\$35/year)**—All the benefits of the individual membership listed above with all publications available at cost and electronic-only access to journal.
- Health Professional-in-Training, full time (\$45/year)**—All the benefits of the individual membership listed above, with both print\* and electronic versions of journal.
- Clinic (\$225)**—Three individual memberships (described above), plus 10 additional calendars.
- Organization (\$600)**—Four individual membership (described above), plus 25 additional calendars and recognition on ACU website.
- Sponsor (\$2500)**—Four individual membership (described above), plus 25 additional calendars and recognition in *Clinician & Community* e-newsletter on ACU website.
- I wish to receive the *Journal* online only (no print issues)
- Additional donation to ACU: \$ \_\_\_\_\_

\* Additional postal fees applicable for non-U.S. addresses.

## acu member form

- New Member     Renewal     Contribution

### Preferred Contact Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Title: \_\_\_\_\_ Health Discipline: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

A current email address is requested for on-going communications.

### Payment Options

- Check     VISA     MasterCard     American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Total Enclosed/Charge: \$ \_\_\_\_\_ Please make checks payable to: ACU

### Please mail or fax back to ACU:

**Mail:** ACU Membership, P.O. Box 19966, Baltimore, MD 21211-0966

**Fax:** 410.516.3866

### You can also join online or by phone:

**Online:** [www.clinicians.org/join.cfm](http://www.clinicians.org/join.cfm)    **Phone:** 1.800.548.1784

### I would like to be involved with

- Advocacy/Policy Committee
- Communications Committee
- Fund Development Committee
- Membership Committee
- Program Committee  
(Chronic Disease, QI, PCMH, HIT, Workforce and Wellness)

My areas of expertise are:



association of  
clinicians for the  
underserved

### For more information:

- 703.442.5318
- [acu@clinicians.org](mailto:acu@clinicians.org)
- [www.clinicians.org](http://www.clinicians.org)