



Request for Emeritus Status

3 Bethesda Metro Center • Suite 508 • Bethesda, 20814 • 301 656-8877 • FAX 301 656-7133

PLEASE PRINT OR TYPE

INSTRUCTIONS:

The ACOI Bylaws provide that an Active Member who is in good standing continuously for 25 years **and** is fully retired, **or** any Active Member who is completely disabled, may request **Emeritus Membership** status. One who receives income from any employment related to the medical degree, e.g., academics or administration, does not qualify as fully retired. To request Emeritus status, complete the form below and mail it to the ACOI Executive Director at the address or Fax number above. Your request will be considered at the next Board of Directors meeting and notification will be made within 30 days of the meeting.

Name of Active Member _____ AOA # _____

Preferred Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Email Address _____ Cell Phone _____

Year Active Membership Commenced _____

Reason for Status Change (please check one)

Retirement Effective Date _____

Full Disability Effective Date _____

I certify that the above information is correct. I also promise to notify the ACOI immediately in the event that I return to active practice or my disability is corrected.

Signature of Applicant _____ Date _____

Note: Return or fax this application to the above address

FOR COLLEGE USE ONLY: Application Received on _____

Credentials Committee Action _____

Board Action _____

Active Membership Year _____

Recommendation _____

Notification of Member _____