

Request for Retired Status

11400 Rockville Pike • Suite 801 • Rockville, MD 20852 • 301 231-8877 • Fax 301 231-6099

PLEASE PRINT OR TYPE

INSTRUCTIONS:

The ACOI Bylaws provide that an Active member in good standing who is retired from active practice, including any employment dependent on one's medical degree, but not eligible for Emeritus status, or who is completely disabled, may apply for Retired Member Status. Active practice includes any employment related to the medical degree, e.g., academics or administration. To request Retired 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	StateZIP
Phone_	FAX_
Email Address	Cell Phone
Date of Birth	
Year Active Membership Commenced	Date of Retirement
If currently a member of an ACOI Subspecialty Se	ection, would you like to continue?
I certify that the above information is correct. I also return to active practice or my disability is corrected	o promise to notify the ACOI immediately in the event that I ed.
	Date
	nis application to the above address
FOR COLLEGE USE ONLY: Application Received on	
Credentials Committee Action	on
Board Action	
Active Membership Year	
Recommendation	

Notification of Member