

Membership Application

Name: _____ Degree(s): _____
First / MI / Last

Job Title: _____ Company: _____

Email: _____ Phone: _____

Mailing Address: _____
Address / City / State / Zip

Credit Card Billing Address: _____
Address / City / State / Zip

Current License (Type/Number): _____ Accepting New Clients? _____

CV/Résumé (select one): Attached I don't have a CV. I will complete page 2.

How did you hear about ACLM? _____

Description of interest and experience in Lifestyle Medicine:

Payment:

Check — I will send payment to address listed below.

Credit Card — MC / VISA / American Express

Cardholder name _____

Number _____ Exp. _____ Sec Code _____

\$ _____ Annual Membership Dues

\$ _____ Subscribe to AJLM Journal (\$20) *included with \$249 memberships*

\$ _____ New Member Application Processing Fee (\$25)

\$ _____ TOTAL

Membership Levels:

Visit our website for a list of level descriptions

\$249 – Physician, Doctoral, or
Healthcare Executive

\$149 – Professional

\$99 – Affiliate

\$45 – Retired

\$30 – Student/Trainee

*NOTE: a one-time new member
processing fee of \$25 will be added
for new membership applications.*

Please submit with copy of CV or completed second page of application.

I will send by mail to:
PO Box 6432 Chesterfield, MO 63006

I will send by fax to:
(314) 392-9097

I will scan and email to:
membership@lifestylemedicine.org

I hereby agree to support the American College of Lifestyle Medicine, its bylaws, and to practice in accordance with the principles and guidelines established by the College.

Signature: _____ Date: _____

-----FILL OUT IF SUBMITTING IN PLACE OF A CV -----

Practice Information

Address: _____
Address / City / State / Zip

Professional Website: _____

Email: _____ Phone: _____

Education

Graduate degree(s) _____ Conferred by: _____ Date: _____

Medical degree(s) _____ Conferred by: _____ Date: _____

Other degree(s) _____ Conferred by: _____ Date: _____

Internship _____
Program / Location / Dates

Residency _____
Program / Location / Dates

Board Certification (s):

Board / Date

Board / Date