EMERGING PROGRAM MEMBERSHIP FORM

Name ___________________________ Title ___________________________

Organization _______________________________________________________

Address ___________________________________________________________

City/State __________________________________________________________

Country __________________________ Postal Code ______________________

Phone ___________________________ Fax _______________________________

Email ______________________________

Website ___________________________________________________________

Current Year’s Organizational Budget: $ _______________________________

MEMBERSHIP DUES = $300 US / year

Please submit the following information with your application. The Alliance collects this information so that we may better serve our members, conduct research on the field, and advocate on behalf of the membership. If you have not yet developed all of the following, please submit as much as is available.

• List of Board of Trustees, with professional affiliations
• Brief outline of your administrative setup, as well as brief biographical information on key staff
• Brief description of your residency program plans
• Promotional materials

Please let us know how you hope to benefit from Alliance membership: