



MEMBERSHIP APPLICATION

(Please also complete "Member Interest Sheet" on reverse side)

Please check the appropriate dues amount, enclose payment and mail to:
1809 S Street, Suite 101-157, Sacramento, CA 95811

- Regular \$35
- Retired \$15
- Resident \$10
- Medical student \$5

Name (Print): _____ E-mail: _____
Last First Middle

Date of Application _____ Past Member? _____

Present Position _____

Employer _____

Practice of Preventive Medicine or one of its sub-specialities:

- Full-time
 - Part-time
 - Retired
 - None currently
- (Check preferred address for mailing but please complete both)

Work Address _____

Home Address _____

Phone: Work () _____ Home() _____

Medical School _____ Grad. Year _____

Pub. Hlth. School _____ Degree earned/pending _____ Yr. _____

Please check if applicable and complete requested information:

- Residency Training: Completed In progress

Specialty: _____ Institution: _____

- Teacher of Preventive Medicine/Public Health:

Academic Title and Institution _____

Please check current memberships (one required for Diplomate members)

- ACPM ACPM Fellow
- Local Medical Society & CMA AMA APHA HOAC/CCLHO
- Other (list) _____

Other Special Field(s) of Interest in Preventive Medicine

Board Certification: (ABPM or other, required for Diplomate members)

Name of Board _____ Yr. _____ Number _____

Name of Bd. #2 _____ Yr. _____ Number _____

BOARD ACTION: Review by Sec. _____ Approval by Board _____

Category _____ Comments: _____

CAPM, 1809 S Street, Suite 101-157, Sacramento, CA 95811
MEMBER INTEREST SHEET (Rev. 7/09)

Dear CAPM Member or Applicant:

Please complete this sheet and return in the enclosed reply envelope with your application/renewal.

NAME (PLEASE PRINT): _____ E-MAIL: _____

1. Would you like to receive a copy of the latest membership roster*?
 Yes No
2. Would you be interested in helping to organize and/or in participating in an occasional meeting of CAPM members in your region, for information networking, social, and scientific purposes?
 Would attend only Would attend and would be willing to help organize Not Interested

Geographic area or university affiliation of interest:

3. Would you be willing to be contacted by Preventive Medicine residents and/or medical students who join CAPM and who are interested in information about your type of practice or about career options in Preventive Medicine? (NOTE: This item is not applicable to medical students or residents)
 Yes No Comment: _____
4. Would you be available to contact or speak to medical students to interest them in Preventive Medicine?
 Yes No Name of school(s): _____
5. Please indicate any subject areas in which you would be interested in serving on a committee or working group, or being consulted (new committees may be formed if several members have a common project interest):
 - a. Current Committees:
 - Constitution and Bylaws (Updates CAPM's governing rules)
 - Continuing Medical Education (Develops CMS programs in cooperation with HOAC)
 - Disease Prevention Strategy (Develops science-based strategies for prevention of HIV and other diseases)
 - Legislation (Reviews proposed legislation, works through CMA and HOAC to implement recommendations of Board. Ability to come to Sacramento area for meetings is helpful.)
 - Local Public Health (Supports health officers and medical leadership in local health departments)
 - Membership (helps recruits and welcomes new members)
 - Preventive Medical Services (Recommends services for Managed Care/Health Reform)
 - Prevention Services (Promotes prevention in managed care/health care reform)
 - Primary Care (Seeks recognition for Preventive Medicine as a primary care-related specialty)
 - b. Other Special Interests:

<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Maternal/Child Health
<input type="checkbox"/> Communicable Dis. (Inc. HIV, TB)	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Gun Control/Violence	<input type="checkbox"/> Other (list): _____

*Roster indicates which members have responded positively to item 3 above, and all residents and medical students are encouraged to request it.