

# MEMBERSHIP APPLICATION

Complete Only One Section Below

## Individual Membership

Individual Full Name \_\_\_\_\_  MD  
 DO  
 PA  
Nickname \_\_\_\_\_  NP  
Job Title \_\_\_\_\_  RN  
 \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

(required to access members-only)

Individual Membership Dues - \$175  
(skip to Payment section below)

## Practice Membership

Practice Name \_\_\_\_\_  
Main Practice Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Main Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Practice Website \_\_\_\_\_  
Number of Locations:  1-2 Clinics (\$325)  
 3-4 Clinics (\$475)  
 More than 5 Clinics (\$650)

Please complete the appropriate section below to name individuals who will receive this membership's benefits.

## Practice Membership Benefits Recipients

If you have chosen a Practice Membership above, please provide names of individuals who will receive benefits through the membership. *All mailings will go to main practice address.*

1-2 Clinics (up to 5 people)     3-4 Clinics (up to 7 people)     5+ Clinics (up to 10 people)

1. Main Contact \_\_\_\_\_ Email: \_\_\_\_\_  
2. Name \_\_\_\_\_ Email: \_\_\_\_\_  
3. Name \_\_\_\_\_ Email: \_\_\_\_\_  
4. Name \_\_\_\_\_ Email: \_\_\_\_\_  
5. Name \_\_\_\_\_ Email: \_\_\_\_\_  
6. Name \_\_\_\_\_ Email: \_\_\_\_\_  
7. Name \_\_\_\_\_ Email: \_\_\_\_\_  
8. Name \_\_\_\_\_ Email: \_\_\_\_\_  
9. Name \_\_\_\_\_ Email: \_\_\_\_\_  
10. Name \_\_\_\_\_ Email: \_\_\_\_\_

Check here if you would like to provide alternate addresses for some individuals.

**Payment**     Credit Card (Visa or Mastercard only)     Check enclosed

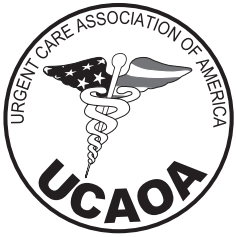
CC# \_\_\_\_\_ Exp. \_\_\_\_\_

Name on card \_\_\_\_\_

Fax to 630-836-8518 or Mail to UCAOA Attn: Membership  
4320 Winfield Road, Suite 200, Warrenville, IL 60555 (phone: 877-MYUCAOA (698-2262))



Dues-paying members are eligible for print copies of our official publication, the Journal of Urgent Care Medicine (JUCM). A portion of your annual dues (\$15) is allocated for a one year subscription to JUCM not deductible from UCAOA membership dues. All members also receive free online access to JUCM archive copies. Rev 04/2009



# CLINIC LOCATIONS

Provide "Clinic Name" only if different than "Main Organization" name.  
If more than 10 Clinics, attach additional sheets as needed.

**#1**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#6**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#2**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#7**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#3**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#8**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#4**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#9**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#5**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**#10**

Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please provide information for all available Clinics in order to be listed on  
"Find an Urgent Care Center" listing on [www.UCAOA.org](http://www.UCAOA.org).