



Emeritus Membership Renewal Form

Personal Information		Member ID _____
Name _____ <small>(Last)</small>	_____ <small>(First)</small>	_____ <small>(Middle)</small>
Home Address		
City/State/Zip		
Email	Home Phone	Cell

Emeritus membership enables retired AAPC members to continue receiving all member benefits and maintain their credential(s) at a lower cost (\$75.00*). There is no CEU requirement for Emeritus members. **In order to take advantage of Emeritus membership, send this form to AAPC along with a copy of current identification showing proof of age.**

**Additional sales tax will be added when applicable. Please submit application for review before sending payment for an accurate quote.*

Declaration

I hereby attest that I am no longer practicing in my area(s) of certification and I am 60 years of age or older. I understand that if I choose to practice in my area(s) of certification at any time in the future that individual membership rates will be mandated and any backlog of CEUs will be due.

_____ (Date of Birth, mm/dd/yyyy)

I hereby attest that I have been certified through AAPC for two or more years.

_____ (Certification Date, mm/dd/yyyy)

I hereby attest that I have read, understood, and agree to abide by the AAPC [Code of Ethics](#). I understand and agree that my failure to abide by the AAPC Code of Ethics, as determined in the discretion of AAPC, at any time hereafter, may result in the loss of all credentials conferred upon me by AAPC, and of my membership in AAPC. _____ (initial space)

Next steps (membership fees are nonrefundable and nontransferable)

- Send completed form (with copy of identification)
 - Email: dawn.riding@aapc.com
 - Fax: 801-236-2258
 - Mail to:
AAPC
Re: Emeritus Membership
2233 S Presidents Drive, Suite F
Salt Lake City, UT 84120
- Watch for an update via email within 4 weeks
 - If approved, payment instructions will be provided