



COUNCIL OF RESIDENCY DIRECTORS IN EMERGENCY MEDICINE

Innovation • Collaboration • Scholarship

**Send Remittance to:**

4950 W. Royal Lane

Irving, TX 75063

**Phone:** 888-444-2090

**Fax:** 972-692-5347

**Email:** cord@cordem.org

Program Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Program: (check box) **ACGME**

CORD Dues ..... \$1,000.00

Program Coordinator Dues \*\* ..... \$85 each

Additional CORD representatives\*\* .....\$130 each

Total \$ \_\_\_\_\_

\*CORD Optional

\*\* Optional – Non-voting members have access to the CORD Community & Benefits – see page 2

Payment can be made by check (make checks payable to CORD) or credit card: **MasterCard Visa American Express ONLY**

Total Remitted: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

OR

**Make checks payable to: Council of Residency Directors in Emergency Medicine or CORD**

Thank you

**Please complete Second Page**

Program Phone Number: \_\_\_\_\_ Program Fax Number: \_\_\_\_\_

**Residency Coordinator Information:** Residency Coordinators are automatically subscribed to the Residency Coordinators' community; unlimited coordinators can be included with no additional fee.

Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

The CORD bylaws state that full member programs shall have five representatives consisting of the residency director, the clerkship director, two faculty designees and a resident member. Therefore, please list below your program's Program Director, clerkship director, two additional representatives, a resident and their email addresses. (CORD representatives are automatically subscribed to the CORD community and other member benefits)

1. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

2. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

3. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

4. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_

5. Resident Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: RESIDENT ONLY Length of time in this position: \_\_\_\_\_

The \$1,000 dues payment provides for up to 5 physician representatives. Programs wishing to name more than 5 representatives may do so at a cost of \$130 per additional representative. The additional representatives are non-voting representatives (CORD allows one vote per program) but are subscribed to the CORD community and other member benefits.

6. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_ Fee: \$130

7. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_ Fee: \$130

8. Name: \_\_\_\_\_ Degree/Designation: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Length of time in this position: \_\_\_\_\_ Fee: \$130