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

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: $1**30

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**