COUNCIL OF RESIDENCY DIRECTORS IN EMERGENCY MEDICINE

Individual CORD Membership Application

Name _____ Degree(s) _____

Position _____ Length of time in this position _____

Preferred Email Address_____

Program Name:_____

Individual Membership Fee: $250

Name _____ Degree(s) _____

Position _____Length of time in this position _____

Preferred Email Address _____

Program Name: _____

Individual Membership Application: $250

Please make checks payable to CORD and remit to:

CORD
4950 W. Royal Lane
Irving, TX 75063
Toll Free: 888-444-2090 x 3229
Fax: 972-692-5347

Payments can be made by credit card. Please select: MasterCard Visa American Express

Total: $_____

Payment for _____

Card Number: _____ Expiration Date: _____

CVV Code: _____ Billing Address Zip Code: _____

Billing Address Street: _____

Name as it appears on card: _____

Signature: _____