



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

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

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