

American College of Rheumatology Affiliate Society Council Application

The American College of Rheumatology has established a formal process for state and local societies to become affiliates of the ACR. To become an affiliate of the ACR, the state/local society must complete the following application and provide additional materials as necessary. Applications will be reviewed by the ACR Committee on Rheumatologic Care for approval of affiliation status.

Submit all applications and supplemental materials to: Antanya Chung
Director, Practice Advocacy
American College of Rheumatology
1800 Century Place, Suite 250
Atlanta, GA 30345
or via e-mail: achung@rheumatology.org

Affiliate members should prepare a letter that addresses the bullet points below. Requirements for Affiliate Status are as follows:

- Valid incorporation under state law (please send a copy),
- Bylaws by which the society is governed (please send a copy),
- Current list of officers and directors according to the bylaws,
- Elections held on a regular basis, and
- Membership requirements for physicians that are consistent with ACR's requirements (all physicians need not be ACR members).

Disclaimer: All applicants must sign and date the disclaimer below regarding the relationship between the ACR and the affiliate society.

Submission of this application does not guarantee that the society will be approved for affiliation status with the ACR. If the CORC approves the society for affiliation the society agrees to the following conditions:

Affiliate societies are not chapters, subcommittees, or agents of the ACR. Affiliate societies shall not act on behalf of the ACR in any matter, and specifically in any manner seeking to bind the ACR to contracts with third parties. The ACR has no financial relationship with the affiliate societies and shall in no event be liable for any fees, taxes or monies affiliate societies have agreed to or are required to pay. Each affiliate society hereby agrees to indemnify and hold harmless the ACR for all claims, damages or losses arising out of or incurred in connection with this agreement and/or its affiliation status with the ACR.

Affiliate societies may not use ACR's name or trademarks without the express written permission of the ACR. Once approved, affiliate societies may indicate affiliate status on letterhead or Web sites in a manner approved in advance by the ACR.

President (signature)

Date

ACR Application for Affiliate Status (Continued)

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| Name of Society: _____ |
| President Name: _____ |
| President Address: _____ _____ |
| Alternate Address for mailings (if necessary): _____ _____ |
| E-mail address: _____ |
| Telephone: _____ Fax: _____ |
| Term expires: _____ |
| Next annual meeting date and location (if known): _____ |

Council Member:

Societies that Affiliate are able to select one member to become a member of the Affiliate Council. The physician must be a member in good-standing of the ACR. Council members will serve a 3-year term.

Check if same as the current president

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| Council Member Name: _____ |
| Council Member Mailing Address: _____ _____ |
| E-mail address: _____ |
| Telephone: _____ Fax: _____ |

Please return both pages of this application when applying for Affiliate Status.