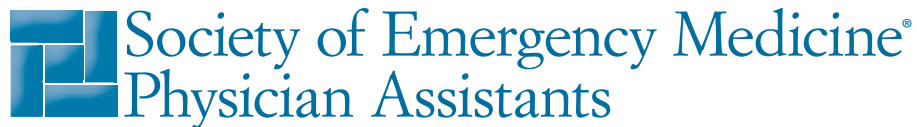


# SEMPA 100% CLUB

## ENROLLMENT FORM

We want to participate!



Group Name:		
Contact:		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:	Website:	

<b>For the 100% Club</b>	
All eligible emergency physicians in your group must be members. To help us determine your eligibility for this program, <b>please attach a list of all of your emergency physicians</b> and their ACEP member ID numbers (if known).	

**QUESTIONS? CONTACT KELLEY GOVAN**

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Mail: Membership, PO Box 619911, Dallas TX 75261-9911