


  
 Massachusetts Association of Clinical Exercise Physiologists
   
**MEMBERSHIP APPLICATION**

**Have you previously been a member of MACEP?**  Yes; previous ID # \_\_\_\_\_  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please Select:  Dr.  Mr.  Mrs.  Miss.  Ms. Degree(s)  PhD  MS  BS  Other \_\_\_\_\_

**Home Address** Primary  Secondary  **Work Address** Primary  Secondary

Add. 1	Facility
Add. 2	Add.
City	City
State	State
Zip	Zip
E-mail	E-mail

**Current Certification(s):**  RCEP  CES  Other \_\_\_\_\_

**Other Memberships:**  ACSM  CEPA  NEACSM  AACVPR  MACVPR  Other \_\_\_\_\_

**Membership is for one year (12 Months) and will begin when payment is processed.**

**Please Circle One.**

- Full Professional Membership:** **\$25.00**
  - ACSM Registered Clinical Exercise Physiologist ®(RCEP) OR
  - ACSM Exercise Specialist ® with a masters degree in the exercise sciences OR
  - Doctoral degree in the exercise sciences AND present employment in a hospital, university or clinical setting OR
  - ACSM Exercise Specialist ® with a bachelor's degree in the exercise sciences AND present employment in a hospital or clinical setting.
- Associate Membership:** **\$25.00**
  - Any person with an interest or involvement in the rehabilitation, health, fitness and human performance profession. Including but not limited to Bachelors or Associate level Non-ACSM Certified or Registered Exercise Professionals, Personal Trainers, Associate or Undergraduate Students, Exercise Instructors, Strength and Conditioning Specialist, Nurses, and other allied health professionals.
- Graduate Student:** **\$10.00**
  - Any student matriculating in a graduate program related to the field of Clinical Exercise Physiology or Exercise Science, currently enrolled in a program.
- Honorary:** **No Charge**
  - An individual who has rendered outstanding service to the Massachusetts Association of Clinical Exercise Physiologist (MACEP) and/or to the profession of clinical exercise physiology is eligible for honorary membership upon written. Nomination by a member of the Executive Committee. Honorary membership shall be granted

**Donation to MACEP:** \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**Make Payable to:** MACEP c/o John O'Loughlin, Box, 430 Bolton, MA. 01740

**I affirm the statements made by me on this application are true and correct and that I meet the requirements of the membership I have requested.**

Signature \_\_\_\_\_ Date \_\_\_\_\_