

# American College of Emergency Physicians

## Chapter PAC Collection Form

- This form must be completed and returned to Chapter Services at ACEP each year by September 30 or your PAC solicitation will NOT be included on the dues statement.**  
We will return a copy of the form to you as soon as it is received and processed. If you do not receive a copy within two weeks after sending this form to ACEP, please contact Chapter Services at 800-798-1822, ext. 3227 or 3237.
- This form must be signed and dated by the chapter president, the chapter treasurer and the PAC treasurer.**
- The amount solicited cannot be changed on the dues statement until the enclosure for the billing statement and the Chapter PAC Collection Form are completed and received and the legal review is completed for the next calendar year.
- Legal compliance is the responsibility of the Chapter PAC.** State laws vary as to whether PACs can receive corporate contributions. Consult local counsel to ensure compliance with the laws and regulations of your state.

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- The \_\_\_\_\_ Chapter of the American College of Emergency Physicians requests ACEP to **begin/continue/increase (circle one)** the PAC contribution amount for our Chapter on the dues billing statement.

The amount to be printed on the dues statement effective for the next calendar year is \_\_\_\_\_.

- The following categories of members should be solicited for the contribution:

\_\_\_\_\_ Active  
\_\_\_\_\_ Candidate  
\_\_\_\_\_ Resident    \_\_\_\_\_ Fellowship    \_\_\_\_\_ Student  
\_\_\_\_\_ Life  
\_\_\_\_\_ Inactive  
\_\_\_\_\_ Retired  
\_\_\_\_\_ Active applicants being billed for new member dues  
\_\_\_\_\_ Candidate applicants being billed for new member dues  
\_\_\_\_\_ Resident    \_\_\_\_\_ Fellowship    \_\_\_\_\_ Student

- The PAC contributions for our Chapter should be: (check one)

\_\_\_\_\_ A. Sent monthly to the Chapter office  
\_\_\_\_\_ B. Sent monthly to the PAC Treasurer

By the 5<sup>th</sup> of the following month, ACEP will provide a list of members who have been credited with a contribution. Copies of the instrument will be provided to facilitate the PAC Treasurer's reporting or refunding of contributions.

**By signing this document, I affirm that the \_\_\_\_\_ Chapter is in compliance with all applicable laws and regulations regarding the PAC.**

\_\_\_\_\_  
Chapter President's Signature

\_\_\_\_\_  
Chapter Treasurer's Signature

\_\_\_\_\_  
Chapter President's Name (please print)

\_\_\_\_\_  
Chapter Treasurer's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
PAC Treasurer's Signature

\_\_\_\_\_  
PAC Treasurer's Name (please print)

\_\_\_\_\_  
Date

Please return this form. A confirmation copy will be sent to the person you designate below:

- \_\_\_\_\_ Chapter President
- \_\_\_\_\_ Chapter Treasurer
- \_\_\_\_\_ PAC Treasurer
- \_\_\_\_\_ Chapter Office

**For Office Use Only:**

Send copies to:

- Finance
- Chapter & State Relations
- Member Services
- Chapter

Date Received from Chapter: \_\_\_\_\_

Renewal due date affected: \_\_\_\_\_

New member due date affected: \_\_\_\_\_

Date change made: \_\_\_\_\_

By whom: \_\_\_\_\_

Date copy sent to chapter: \_\_\_\_\_

By whom: \_\_\_\_\_