

2020 Membership Application

Members of the National AAP may either submit this application form with payment to the MIAAP office or call the National AAP at 800-433-9016 to request that the Michigan Chapter Membership is added to your record. **Chapter Membership is not contingent on National Membership.**



☐ Renewal ☐ New Member

AAP ID#: _____

Name: _____

Degree: _____

Institution/Practice: _____

Address: _____ ☐ Home ☐ Office

Department/Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone: _____ Fax: _____

Referred by: _____ Or, how did you hear about MIAAP? _____

How do you prefer to receive communications? ☐ Mail ☐ E-mail ☐ Fax

☐ MIAAP Fellow Membership (includes Specialty) \$160.00

☐ Chapter Affiliate (RN, PA, Pediatric Dentist, Non-Pediatrician Physicians) \$160.00

☐ Candidate Chapter Member \$160.00

☐ Post Residency Training Member \$ 75.00

☐ Retired/Senior Membership \$ 50.00

☐ Resident Membership \$ 25.00

☐ Student Membership FREE

Please send completed form with payment to the following address:

Or, send via fax to: (517) 575-6285

MIAAP
106 W. Allegan, Suite 310
Lansing, MI 48933

Thank you for your membership!

Card Type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Sec. Code: _____