



## Application for Membership

Name \_\_\_\_\_ Degree \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: M / F **Physicians only:** Please include your license #/state \_\_\_\_\_ Specialty \_\_\_\_\_

Address (office or home) \_\_\_\_\_ Home phone ( \_\_\_\_\_ ) \_\_\_\_\_

City, State and Zip \_\_\_\_\_ Office phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_

***“I hereby subscribe to the Mission, Vision, and Core Value of the College as described on the website (ACPeds.org) and certify that all the information on this application and any attached documents are accurate and support my qualifications for membership in the College.”***

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

Mail this application along with payment of first year dues (check or credit card) to:

**The American College of Pediatricians, P.O. Box 357190, Gainesville, FL, 32635-7190**

An application and payment may also be submitted online at <http://www.acpeds.org/become-a-member>.

If you have questions, call the College at **352-376-1877**.

Credit card # \_\_\_\_\_ Exp (MM/YY) \_\_\_\_\_ 3-digit code \_\_\_\_\_ Amount to bill \$ \_\_\_\_\_

Credit card billing address \_\_\_\_\_

### **Membership Categories and Annual Dues**

**Fellow \$225** Licensed physician certified by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP).

**Candidate Fellow \$125** Licensed physician who completed a pediatric training program approved toward certification from the ABP or AOBP.

**Specialty Fellow \$225** Licensed physician credentialed by another American Board in a pediatric discipline devoting 50% or more to pediatric care.

**Associate Member \$100** (For non-pediatricians) Licensed in a healthcare profession with a significant interest in the care of children/adolescents.

**Retired Fellow \$175** Physician currently retired but having met all requirements for a Fellow.

If any information in this application is untrue, or if circumstances change after the date of this application that affect the applicant's ethical and professional standing, it may be grounds for suspension or revocation of membership.

PLEASE USE THE REVERSE SIDE IF YOU NEED MORE ROOM