



# MEMBERSHIP APPLICATION

AMERICAN ACADEMY OF PEDIATRICS — ORANGE COUNTY CHAPTER (CALIFORNIA CHAPTER 4)

First Name:

Middle/Maiden:

Last Name:

MD  DO  Other (Specify):

Male  Female

**Preferred Address & Phone**  Home – or –  Office

Institution/Organization Name (if applicable)

Number/Street/Suite

City/State/Zip or Postal Code/Country

Phone:

Fax:

Home  Work  Cell

Email Address

**Please indicate your training:**

- A) Primary Care Pediatrics  B) Pediatric Subspecialty – Please indicate:
- C) Other:

**Categories of Chapter Membership: (Please Check ONE) (See below for descriptions)**

- Fellow/Specialty Fellow \$225
- Emeritus/Retired Fellow \$50
- Associate Member \$225
- Candidate Member \$225
- Post Residency Training Member (First 2 Years After Residency) \$95
- Resident Fellow \$0
- National Affiliate \$225
- Physician/Dentist Chapter Affiliate \$225
- Chapter Affiliate \$145
- Chapter Affiliate Student \$0

**Payment:**

My check for: \_\_\_\_\_ is enclosed – Check #:

PLEASE MAKE YOUR CHECK PAYABLE TO: California Chapter 4, AAP

I would like to include a donation of \_\_\_\_\_ to CA Chapter 4, AAP

I will pay using a credit card:  Visa  Mastercard  AMEX  Discover

Amount \$:

• Cardholder Name:

Card Number:

• CVV:

• Exp. Date:

\* If you prefer to give credit card information over the phone, please call AAP-OC at (949) 752-2787

### What are the different member categories?

- **Fellow:** Applicants must have received initial board certification in pediatrics from an approved Board.
- **Specialty Fellow:** Applicants must be certified by Boards other than the Boards that qualify them for Fellow and meet the requirements as determined by the specialty section through which they apply.
- **Emeritus/ Retired Fellow:** Applicant who is no longer practicing but is still interested in having access to the benefits of membership. Will not accrue CME credits.
- **Associate Member:** Physician/Dentist who has not completed training in a pediatric or surgical residency that is approved for credit toward certification by an eligible Board.
- **Candidate Member:** Completed training in a pediatric or surgical residency that is approved for credit toward certification by an eligible Board.
- **Post-Residency Training Member:** Fellowship trainees in a pediatric subspecialty or surgical fellowship training program.
- **Resident Member:** Currently enrolled in an approved pediatric residency program.
- **National Affiliate:** Physician's Assistant or Nurse Practitioner who is a member of both the national and chapter AAP
- **Physician/Dentist Chapter Affiliate:** Physicians/Dentists who are chapter members but not national members
- **Chapter Affiliate:** (Allied Health, Nurse, Parent/Family, Professional Staff, Non-health care)
- **Chapter Affiliate Student:** Available to students who are enrolled in an accredited medical school.

#### RETURN APPLICATION TO:

California Chapter 4 AAP • 5000 Campus Drive • Newport Beach, CA 92660

Fax to: (949) 752-2788

Email to: [jamie@aap-oc.org](mailto:jamie@aap-oc.org)