



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

Resident Fellow \$0

Emeritus/Retired Fellow \$50

National Affiliate \$225

Associate Member \$225

Physician/Dentist Chapter Affiliate \$225

Candidate Member \$225

Chapter Affiliate \$145

Post Residency Training Member (First 2 Years After Residency) \$95

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