American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Alabama Chapter

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Montgomery, AL 36104
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Chapter Membership Application/Information Form

Tab through the form and complete highlighted items; boxes can be checked by using the spacebar. Please print & sign below.

Name					
Preferred Mailing Address					
City		**State**		**Zip**	
Is this your:	☐ **Work address** ☐ **Home address**				
County of Home		**County of Work**			
Work Phone		**Home Phone**		**FAX**	
Email Address		**Practice Name**			

CATEGORY OF CHAPTER MEMBERSHIP (Membership in AAP qualifies you for AL Chapter Membership)

☐ Fellow (Physician who is FAAP-designated)	Dues: $165
☐ Specialty Fellow (AAP member certified by a board other than a pediatric board)	Dues: $165
☐ Chapter Affiliate (Any physician not a Fellow of the AAP)	Dues: $165
☐ Candidate Member (board-eligible AAP member not yet certified in pediatrics)	Dues: $83
☐ Post-Residency Training Member (AAP must have letter from fellowship program dir.)	Dues: $83
☐ Resident Member (Pediatric resident who belongs to the AAP)	Dues: $0
☐ Student Member	Dues: $0
☐ Associate Member (Pediatric Dentists)	Dues: $165
☐ Emeritus Fellow (Age 65 and over, member of the AAP 30+ years)	Dues: $0

☐ I am not a member of the AAP (national) but wish to inquire about AAP membership as well.

Specialty					
Board-Certified?	☐ **Yes** ☐ **No**	**If yes, Specialty/Field**		**Date**	
Primary Work	☐ **Private practice** ☐ **Academic** ☐ **Hospital** ☐ **Public Health** ☐ **Administration/Management** ☐ **Government**				
Time Devoted to Pediatrics	☐ **Full-time** ☐ **Part-time** ☐ **Other (please explain)** _____				
Medical School (or dental school)					
Internship					
Residency					
Fellowship					
Hospital Affiliation					
Medical Society Memberships					
Applicant Signature			**Date**		