



# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Speaking for Maryland Kids!

## FOR MDAAP USE ONLY

MDAAP ID# \_\_\_\_\_

Region \_\_\_\_\_

### MARYLAND CHAPTER, AMERICAN ACADEMY OF PEDIATRICS – MEMBERSHIP APPLICATION

Please note that this application applies to Maryland Chapter, American Academy of Pediatrics membership **only**.

First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Last Name \_\_\_\_\_  
 MD  DO  Other (specify) \_\_\_\_\_  Male  Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

**Preferred Address & Phone**  Home –or–  Office (Please print)

Organization/Practice Name (if applicable) \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

### I AM APPLYING FOR THE FOLLOWING CATEGORY OF MEMBERSHIP

- VOTING FELLOW - \$185
- CANDIDATE MEMBER - \$75
- AFFILIATE MEMBER - \$75
- SPECIALTY FELLOW - \$175
- RESIDENCY MEMBERSHIP - \$0
- SENIOR FELLOW - \$35
- POST RESIDENCY TRAINING MEMBERSHIP - \$25  
Anticipated Graduation Date \_\_\_\_\_

*\*Please note that this application applies to Maryland Chapter, American Academy of Pediatrics membership **only**.\**

### FELLOWSHIP TRAINING

Type of Fellowship \_\_\_\_\_ Institution \_\_\_\_\_  
From (MM/DD/YYYY) \_\_\_\_\_ To (MM/DD/YYYY) \_\_\_\_\_

### BOARD/PROFESSIONAL CERTIFICATION (if applicable)

Board or Sub-Board \_\_\_\_\_ Certificate Date \_\_\_\_\_

### SUBSPECIALTY (if applicable)

### APPLICANT SIGNATURE

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership in the Maryland Chapter, American Academy of Pediatrics for which I now apply.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT** To pay your Maryland Chapter dues payment of (see rates above) \_\_\_\_\_ please complete below.

My check for \$ \_\_\_\_\_ is enclosed – Check # \_\_\_\_\_ or credit card payments, please call the MDAAP Office.

### RETURN APPLICATION TO:

**Maryland Chapter, American Academy of Pediatrics, 1211 Cathedral Street, 3rd Floor, Baltimore, MD, 21201  
Telephone (410) 878-9702, Fax (410) 649-4131**

Questions? Please contact: Loretta I. Hoepfner, Executive Director, at [loretta@mdaap.org](mailto:loretta@mdaap.org)

**PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING**