



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

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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 # _____ for credit card payments, please call the MDAAP Office.
- Your membership will automatically be renewed every year. Please check this box if you wish to decline.

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

PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING