



MEMBERSHIP APPLICATION

(Page 1 of 2)

Name: _____ MD DO Other (specify) _____

Specialty _____

Preferred Address & Phone: Home Office

Organization or Group Practice Name (if applicable): _____

Number/Street/Suite: _____

City/State/Zip: _____

Telephone: _____ Mobile: _____

Email: _____ Fax: _____

Office/Practice Manager: _____

Please Check Membership Category

Annual Dues

- | | |
|---|----------|
| <input type="checkbox"/> Fellow
(Fellow, American Academy of Pediatrics residing in the State of LA) | \$200 |
| <input type="checkbox"/> Specialty Fellow
(Fellow, American Academy of Pediatrics residing in the State of LA with a specialty other than general pediatrics) | \$200 |
| <input type="checkbox"/> Senior Fellow
(Fellow, American Academy of Pediatrics who lives in Louisiana and has attained the age of 70 OR is 65 or older and no longer derives income from professional activities) | \$0/Free |
| <input type="checkbox"/> Senior Member
(Any pediatric physician who lives in Louisiana and has attained the age of 70 OR is 65 or older and no longer derives income from professional activities) | \$0/Free |
| <input type="checkbox"/> Chapter Affiliate
(Any physician who resides in Louisiana who is engaged primarily in pediatric practice, teaching or research and is not already a Fellow of the AAP) | \$200 |
| <input type="checkbox"/> Associate Member
(pediatric dentist residing in LA who has received a certificate or a degree in the specialty of pediatric dentistry from a program accredited by the Council on Accreditation of the American Dental Association and practices pediatric dentistry in the United States, Puerto Rico or Canada) | \$100 |
| <input type="checkbox"/> Candidate Member
(limited to 4 years period post-residency training for pediatricians who are members of the AAP) | \$50 |
| <input type="checkbox"/> Post Residency Training Member
(AAP members who are in fellowship training) | \$50 |
| <input type="checkbox"/> Resident Member
(Pediatric residents who belong to the AAP) | \$0/Free |

Medical Student Member
(Medical students in Louisiana)

\$0/Free

National Affiliate Members of the AAP

\$100

(a) a licensed Physician Assistant who received a certificate from an ARC-PA accredited program, practices in the United States, Puerto Rico, or Canada, and is working in a pediatric setting or at least 50% of professional activities is with infants, children, adolescents, or young adults. A copy of the certificate and one sponsor statement by a FAAP in good standing is required; or b) a pediatric nurse practitioner licensed and certified in the United States, Puerto Rico or Canada, working as a member of a pediatric care or medical home team. A copy of the certificate and one sponsor statement by a FAAP in good standing are required.

Education:

College: _____ Degree: _____ Graduation Date: _____

Medical: _____ Degree: _____ Graduation Date: _____

Internship: _____ Dates: _____

Residency: _____ Dates: _____

Fellowship: _____ Dates: _____

Applicant Signature: _____ **Dates:** _____

PLEASE RETURN COMPLETED APPLICATION WITH PAYMENT TO:

Louisiana Chapter of the American Academy of Pediatrics, P.O. Box 64629, Baton Rouge, LA 70896

Visa MasterCard American Express Discover check enclosed

Credit Card Number: _____ Name as it appears on card: _____

Expiration Date: _____ Signature: _____

Mailing Address: _____