

CHAPTER AFFILIATE APPLICATION

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

FOR AAP USE ONLY/ONLINE

AAP ID# _____

DIST _____ CHAPTER _____

First Name _____ Middle/Maiden _____ Last Name _____
 MD DO Other (specify) _____ Male Female _____ / _____ / _____
Date of Birth (MM/DD/YY)

Preferred Address & Phone Home –or– Office

Organization Name (if applicable) _____

Number/Street/Suite _____

City/State/Zip or Postal Code/Country _____

Telephone _____ Cellular _____

Email _____ Fax _____

I AM APPLYING FOR CHAPTER AFFILIATE MEMBERSHIP IN...

- | | | | | | |
|---------------------------------------|-----------------------------------|--|---|---------------------------------------|--|
| <input type="checkbox"/> ALABAMA | <input type="checkbox"/> DELAWARE | <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> NEBRASKA | <input type="checkbox"/> OHIO | <input type="checkbox"/> EAST MILITARY |
| <input type="checkbox"/> ALASKA | <input type="checkbox"/> D.C. | <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> NEVADA | <input type="checkbox"/> OKLAHOMA | <input type="checkbox"/> WEST MILITARY |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> FLORIDA | <input type="checkbox"/> MAINE | <input type="checkbox"/> NEW HAMPSHIRE | <input type="checkbox"/> OREGON | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> GEORGIA | <input type="checkbox"/> MARYLAND | <input type="checkbox"/> NEW JERSEY | <input type="checkbox"/> PENNSYLVANIA | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> CALIFORNIA 1 | <input type="checkbox"/> HAWAII | <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> NEW MEXICO | <input type="checkbox"/> PUERTO RICO | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> CALIFORNIA 2 | <input type="checkbox"/> IDAHO | <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> NEW YORK 1 | <input type="checkbox"/> RHODE ISLAND | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> CALIFORNIA 3 | <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> NEW YORK 2 | <input type="checkbox"/> S CAROLINA | <input type="checkbox"/> W VIRGINIA |
| <input type="checkbox"/> CALIFORNIA 4 | <input type="checkbox"/> INDIANA | <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> NEW YORK 3 | <input type="checkbox"/> S DAKOTA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> IOWA | <input type="checkbox"/> MISSOURI | <input type="checkbox"/> NORTH CAROLINA | <input type="checkbox"/> TENNESSEE | <input type="checkbox"/> WYOMING |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> KANSAS | <input type="checkbox"/> MONTANA | <input type="checkbox"/> NORTH DAKOTA | <input type="checkbox"/> TEXAS | |

FELLOWSHIP TRAINING

Type of Fellowship _____ Institution _____
From (MM/DD/YY) _____ / _____ / _____ To (MM/DD/YY) _____

BOARD/PROFESSIONAL CERTIFICATION (if applicable)

Board or Sub-Board _____ Certificate Date _____

MILITARY SERVICE

If you are or were in the Uniformed Service, please indicate which branch: Army Navy Air Force Public Health Service
What is/was your rank? _____ Are you in the reserves? Yes No ... Are you retired? Yes No

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 AAP Chapter for which I now apply.
Signature of Applicant _____ Date _____

PAYMENT To pay your Chapter dues payment of (check link below for rates) _____ please complete below.

My check for \$ _____ is enclosed – Check # _____
 I will pay using the following credit card: Visa Mastercard AMEX Discover Include the 3-digit CVV# located on the signature space of your card.

Amount \$ _____ • Cardholder Name _____
Card # _____ • CVV# _____ • Exp. Date _____ / _____

Signature _____ Date _____

RETURN APPLICATION TO: American Academy of Pediatrics 72103 Eagle Way Chicago, IL 60678

For Chapter Contact List please [CLICK HERE](#)

PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING • NEW JERSEY CHAPTER DUES: \$150