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 – ANNUAL MEMBERSHIP APPLICATION

Please note that this application applies to Maryland Chapter, American Academy of Pediatrics annual 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 ANNUAL MEMBERSHIP in the Maryland Chapter only:

- ❑ **FELLOW (FAAP) $185**
- ❑ **SPECIALTY FELLOW $185**
- ❑ **ASSOCIATE MEMBER $150**
- ❑ **CANDIDATE MEMBER $75**
- ❑ **NATIONAL AFFILIATE MEMBER $75**
- ❑ **POST-RESIDENCY TRAINING $75**
  Anticipated Graduation Date _____
- ❑ **NURSE PRACTITIONER $75**
- ❑ **PHYSICIANS ASSISTANT $75**
- ❑ **PROFESSIONAL STAFF $50**
- ❑ **SENIOR FELLOW $35**
- ❑ **RESIDENT MEMBER - no fee**
- ❑ **MEDICAL STUDENT MEMBER - no fee**

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 annual 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
Office (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

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