



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) \$195
- NATIONAL AFFILIATE MEMBER \$75
- PROFESSIONAL STAFF \$50
- SPECIALTY FELLOW \$195
- POST-RESIDENCY TRAINING \$75
Anticipated Graduation Date _____
- SENIOR FELLOW \$35
- ASSOCIATE MEMBER \$150
- NURSE PRACTITIONER \$75
- RESIDENT MEMBER - no fee
- CANDIDATE MEMBER \$75
- PHYSICIANS ASSISTANT \$75
- 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