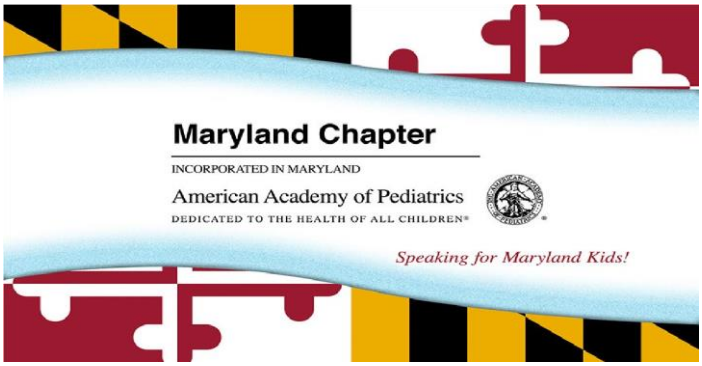

FOR MDAAP USE ONLY

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 Last Name

❑ MD ❑ DO ❑ Other (specify) _____ ❑ Male ❑ Female ❑ Non-binary ❑ Prefer N/A

Date of Birth (DD/MM/YYYY)

Preferred Address and Phone ❑ Home –or– ❑ Office (Please print)

Organization/Practice Name (if applicable)

Street

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
❑ SPECIALTY FELLOW $195
❑ ASSOCIATE MEMBER $160
❑ CANDIDATE MEMBER $95
❑ NATIONAL AFFILIATE MEMBER $95
❑ POST RESIDENCY TRAINING $95
Anticipated Graduation Date_____
❑ NURSE PRACTITIONER $95
❑ PHYSICIANS ASSISTANT $95
❑ PROFESSIONAL STAFF $60
❑ SENIOR FELLOW $50
❑ RESIDENT MEMBER - no fee
❑ MEDICAL STUDENT MEMBER - no fee

BOARD/PROFESSIONAL CERTIFICATION (if applicable)

Board/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**

❑ **TO PAY BY CHECK, please mail with application to address below.**
❑ **TO PAY BY CREDIT CARD, MDAAP please send invoice to pay via PayPal. Note: To pay via PayPal there will be a $5 service charge added.**

RETURN APPLICATION TO:

Maryland Chapter, American Academy of Pediatrics, 1211 Cathedral Street, 3rd Floor, Baltimore, MD, 21201 OR Executive Director, at executivedirector@mdaap.org https://www.mdaap.org/