



# Virginia Chapter, American Academy of Pediatrics and the Virginia Pediatric Society

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## APPLICATION FOR MEMBERSHIP

*Please print or type*

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\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Practice Name Subspecialty

\_\_\_\_\_  
Preferred Mailing Address

Office  Home

\_\_\_\_\_  
Office Phone Fax Home Phone

\_\_\_\_\_  
Email address Office/Practice Manager

Sex  M  F \_\_\_\_\_

Date of Birth Spouse's Name

Please check membership category	Annual Dues
<input type="checkbox"/> <b>Chapter Fellow</b> ..... (Current Fellow of the American Academy of Pediatrics)	\$185
<input type="checkbox"/> <b>Member, Virginia Pediatric Society</b> ..... (Not a Fellow of the AAP but pediatric trained and practicing pediatrics in Virginia)	\$185
<input type="checkbox"/> <b>Married Fellow</b> ..... (Both spouses are Chapter or Society members)	\$110
<input type="checkbox"/> <b>Affiliate Member</b> ..... (Physicians or dentists practicing in other specialties relating to pediatrics)	\$185
<input type="checkbox"/> <b>Candidate</b> ..... (Limited to four years after completing PL-3 training)	\$110
<input type="checkbox"/> <b>Resident:</b> <input type="checkbox"/> PL1 <input type="checkbox"/> PL2 <input type="checkbox"/> PL3 ..... (Physicians in primary pediatrics specialty training)	\$0
<input type="checkbox"/> <b>Allied Health Professional</b> ..... (Licensed pediatric nurse practitioners and physician assistants)	\$85
<input type="checkbox"/> <b>Practice Manager</b> ..... (Managing pediatric practice of a Chapter/Society member in Virginia)	\$85

Please submit your dues payment with completed application.

Make check out to AAP.

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Signature of Applicant