

# CHAPTER AFFILIATE APPLICATION

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## FOR AAP USE ONLY

AAP ID# \_\_\_\_\_

DIST \_\_\_\_\_ CHAPTER \_\_\_\_\_

Members who choose to belong only to their state Chapter and not national (AAP) are called "Chapter Affiliates".

First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Last Name \_\_\_\_\_  
 MD  DO  DDS  PA  CNP  Other (specify) \_\_\_\_\_  Male  Female  
Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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 NEW MEXICO

### FELLOWSHIP TRAINING (if applicable)

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 applicable)

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 OPTIONS

To pay your Chapter dues payment 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 \_\_\_\_\_

### NM Chapter Affiliate Dues

MD/DO/DDS = \$145

Senior MD (retired and not earning income) = \$72.50

CNP/PA/RN/Other & non-medical affiliate = \$75

### Mail application to:

American Academy of Pediatrics, Division of Member Relations, 141 Northwest Point Blvd, Elk Grove Village, IL 60007