



los angeles pediatric society
APPLICATION FOR MEMBERSHIP

Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply for membership. Regular Membership for all categories is \$125 a year. Complete each of the following items as applicable or indicate NA. ► **Life membership is available at a one-time fee of \$1,250. * Response Required**

*1. Full Name _____ Birth Year _____
First Middle Last

Academy and College members are urged to add affiliation initials after degree.

*2. Please indicate your mailing address (for LAPS admin use) and your preferred online physician locator listing address.

Preferred Mailing Address

Office Location: yes no

1. _____
Street City State Zip

Email _____ Phone _____ Fax _____

Preferred Locator Address (if different from above)

Office Location: yes no

Web Address _____

2. _____
Street City State Zip

Email _____ Phone _____ Fax _____

(If you wish to list multiple addresses on the online locator, you may attach a list.)

A Physician Locator is available online at www.lapedsoc.org. Your practice address information will be included in the Physician Locator, unless you choose to opt out. **Do NOT include my practice in Physician Locator.**

Specialty _____ Bd. Cert. Date of Cert. _____ Date of Re-Cert. _____ Bd. Eligible

Subspecialty: _____ Bd. Cert. Date of Cert. _____ Date of Re-Cert. _____ Bd. Eligible

Note Board name for Specialty _____

*3. Medical School _____ Year Graduated _____

Internship _____ Years _____

Residencies _____ Years _____

Other Professional Training _____

Hospital Staff _____

Private Practice: Total Years _____

Academic Practice: Total Years _____

*4. Member in good standing of other medical and scientific societies _____

*5. References (Name of two physicians, preferably members)

1. _____ 2. _____

6. LIFE MEMBERSHIP (► Life membership is available at a one-time fee of \$1,250.)

*7. Date _____

YOUR PAYMENT FOR FIRST YEAR'S DUES (\$125) MUST ACCOMPANY APPLICATION ► LIFE MEMBERSHIP: \$1,250 (One-Time)
 Checks: Make payable and mail to: los angeles pediatric society • P.O. Box 4198, Torrance CA 90510-4198
 Online payment: <https://www.lapedsoc.org/membership/dues>
eseaman@lapedsoc.org • www.lapedsoc.org • Phone 424-262-6590 • Fax 310-782-9856