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|  | los angeles pediatric society  MEMBERSHIP APPLICATION |

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. Membership for all categories is $125 a year. Please complete each of the following items as applicable or indicate NA. ►**Life membership is available at a one-time fee of $1,250.**

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|  |  |  |  |
| *First Name* | *Middle Name* | *Last Name & Degree(s)* | *Birth Year* |

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

*Please indicate your mailing address (for LAPS admin use) and (if desired) an additional office address & contact information*

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Mailing Address | Office Location: yes  no | | |
|  |  |  |  |
| *Street* | City | State | ZIP Code |
|  |  |  | |
| *Email* | Phone | Fax | |
| Office Address  *(if different from above)* | Organization Name (if applicable) | | |
|  |  |  |  |
| *Street* | City | State | ZIP Code |
|  |  |  | |
| *Email* | Phone | Fax | |

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| --- | --- | --- | --- |
| *Specialty* | *Bd. Cert. Date of Cert* | *Date of Re-Cert* | *Bd. Eligible* |

|  |  |  |  |
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| *Subspecialty* | *Bd. Cert. Date of Cert* | *Date of Re-Cert* | *Bd. Eligible* |

|  |  |
| --- | --- |
| *Note Board Name for Specialty* | |
|  | |
| *Medical School* | *Year Graduated* |

|  |  |
| --- | --- |
| *Internship* | *Years* |

|  |  |
| --- | --- |
| *Residencies* | *Years* |
| *(continued )* | |

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| --- |
| *Other Professional Training* |
| *(continued)* |

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| --- |
| *Hospital Staff* |
| *(continued)* |

|  |  |
| --- | --- |
| *Private Practice: Total Years* | *Academic Practice: Total Years* |
| *Member in good standing of other medical and scientific societies* | |
|  | |

|  |  |
| --- | --- |
| *References (Names of two physicians, preferably LAPS members)* | |
| *1.* | *2.* |
| \*LIFE MEMBERSHIP (Life membership is available at a one-time fee of $1250) | |
| *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:** [**Membership payment**](https://lapedsoc.org/membership/)

[**eseaman@lapedsoc.org**](mailto:eseaman@lapedsoc.org) **●** [**www.lapedsoc.org**](http://www.lapedsoc.org) **● Phone 424-262-6590 ● Fax 310-782-9856**