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 (if desired) an additional office address & contact information*

Preferred Mailing Address **Office Location: yes no**

1. _____ _____ _____ _____
Street *City* *State* *Zip*

Email _____ *Phone*_____ *Fax*_____

Office Address (if different from above) **Organization Name (if applicable)**_____

2._____ _____ _____ _____
Street *City* *State* *Zip*

Email _____ *Phone*_____ *Fax*_____

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: Membership payment

eseaman@lapedsoc.org ● www.lapedsoc.org ● **Phone 424-262-6590 ● Fax 310-782-9856**

Revised 12-2019