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|  | los angeles pediatric societyMEMBERSHIP 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. **Residents are FREE until one year after graduation***.* 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*

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|  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* |

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

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

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

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

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

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

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|  *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)**

**Residents are FREE up until one year after graduation. 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** **●** [**www.lapedsoc.org**](http://www.lapedsoc.org) **● Phone 424-262-6590 ● Fax 310-782-9856**