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. 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.**
*** 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)
Residents are FREE 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

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

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