

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/Fellows are FREE until 1 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 Current Resident _____ Years _____

Other Professional Training Current Fellow _____

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/Fellows 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