

NEW JERSEY CHAPTER, AMERICAN ACADEMY OF PEDIATRICS MEMBERSHIP APPLICATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



New Jersey Chapter

FOR NJAAP USE ONLY

AAPNJ ID# _____

DISTR# _____

First Name _____ Middle/Maiden _____ Last Name _____
 MD DO Other (specify) _____ Male Female / /
Date of Birth (MM/DD/YY)

Preferred Address & Phone Home –or– Office

Organization/Practice Name (if applicable) _____

Number _____ Street _____ Suite _____
City _____ State _____ Zip _____ County _____
Telephone _____ Cellular _____
Email _____ Fax _____

I AM APPLYING FOR THE FOLLOWING CATEGORY OF MEMBERSHIP

- VOTING FELLOW - \$180
- CANDIDATE MEMBER - \$180
- AFFILIATE MEMBER - \$180
- SPECIALTY FELLOW - \$180
- EMERITUS FELLOW - \$0
- RETIRED FELLOW - \$0
- POST RESIDENCY TRAINING MEMBERSHIP - \$50
- RESIDENCY MEMBERSHIP - \$0
Anticipated Graduation Date _____

Discount Code (if applicable) _____

FELLOWSHIP TRAINING

Type of Fellowship _____ Institution _____
From (MM/DD/YY) / / To (MM/DD/YY) / /

BOARD/PROFESSIONAL CERTIFICATION (if applicable)

Board or Sub-Board _____ Certificate Date _____

SUBSPECIALTY (if applicable)

APPLICANT SIGNATURE

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership in the New Jersey Chapter, American Academy of Pediatrics, for which I now apply.

Signature of Applicant _____ Date _____

PAYMENT To pay your Chapter dues payment of (see rates above) _____ please complete below.

My check for \$ _____ is enclosed – Check # _____

I will pay using the following credit card: Visa Mastercard AMEX Include the 3/4-digit CVV# located on the signature space of your card.

Amount \$ _____ • Cardholder Name _____

Card # _____ • CVV# _____ • Exp. Date ____ / ____

Signature _____ Date _____

RETURN APPLICATION TO:

New Jersey Chapter, American Academy of Pediatrics, 3836 Quakerbridge Rd, Suite 108, Hamilton, NJ 08619
Phone (609) 842-0014, Fax (609) 842-0015

For Questions, Please contact: Bert Mulder, Director, Membership and Events via email BMulder@aapnj.org

PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING