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

NJAAP 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 - $210 ❑ CANDIDATE MEMBER - $210 ❑ AFFILIATE MEMBER - $210

❑ SPECIALTY FELLOW - $210 ❑ POST RESIDENCY TRAINING MEMBERSHIP - $50

❑ SENIOR FELLOW - $0 (AGE 70+ or 65+ AND NO LONGER DERIVING INCOME FROM PROFESSIONAL EMPLOYMENT)

❑ 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, 50 Millstone Road, Building 200, Suite 130, East Windsor, NJ 08520
Phone (609) 842-0014, Fax (609) 842-0015

For Questions, Please contact: Bert Mulder, Director, Marketing & Business Development, BMulder@njaap.org

PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING