

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Michigan Chapter

PART 1

Name: _____ Degree: _____

Institution/Practice Name: _____

Home Address: _____

City: _____ Zip: _____

Home address is used for legislative district. We do not sell our mailing list.

Work Address: _____

City: _____ Zip: _____

Phone: (W): _____ (H): _____

Fax: _____ E-mail: _____

Category of Membership:

Fellow (Physician who is FAAP-designated)	Dues: \$110
Candidate Fellow (Limited to 4-year period post-residency for members of AAP)	Dues \$75
Emeritus Fellow (Retired)	Dues No charge
Resident	Dues No charge
Student	Dues No charge

Specialty (if any) _____

Primary Work: _____ Private _____ Academic _____ Hospital _____ Public Health _____ Admin _____
_____ Government _____ Other _____

Time devoted to Pediatrics: _____ Full-time _____ Part-time _____ Other (explain) _____

Advocacy Area(s) of Interest: _____

(National AAP members need not complete this section)

Part II Academic History (List institution and dates attended.)

Medical School: _____

Internship: _____

Residency(include years completed): _____

Fellowship: _____

Hospital Affiliation: _____

Board Certified _____ Yes _____ No

Medical Society Memberships: _____

Sponsor Name: _____ Phone Number: _____

Applicant Signature: _____ Date: _____

AAP is our dues billing agent for all members

Please complete this application and return it to the MIAAP office.
Checks should be made to *American Academy of Pediatrics*
Michigan Chapter American Academy of Pediatrics
221 N. Pine Street
Lansing, MI 48933