



Membership Criteria

Members of the National AAP need only to submit this application form with payment to the MIAAP office or call the national AAP at 800-433-9016 and ask to add Michigan Chapter membership to your record.

AAP ID#: _____

Name: _____

Degree: _____

Institution/Practice: _____

Address: _____ Home Office

Depart./Suite/Apt.: _____

City: _____ **State/Zip:** _____

E-mail: _____

Phone: _____ **Fax:** _____

Referred by or how did you hear about the MIAAP? _____

Do you prefer to receive communications via Mail Fax E-mail

- MIAAP FELLOW MEMBERSHIP** \$150 (includes Candidate, Affiliate, and Specialty)
- POST TRAINING RESIDENT FELLOW MEMBERSHIP** \$75
- SENIOR MEMBERSHIP** \$50
- RESIDENT MEMBERSHIP** \$25

Please return completed form along with a check made payable to the MIAAP to:

MIAAP
106 W. Allegan St.
Suite 510
Lansing, MI. 48933

OR Fill in the following credit card information and return by mail or fax to MIAAP at 517-575-6285.

Card Type: VISA MasterCard American Express Discover **Expiration Date:** _____

Name on Card: _____

Card Number: _____

Signature: _____

For more information contact Denise Sloan, Executive Director at 517-484-3013 or denise.sloan@miaap.org.
If you are interested in checking on your membership with the National AAP, please call Berenice Lagrimas at 800-433-9016 or email her at BLagrimas@aap.org.