



2017 Membership Application

Members of the National AAP need only submit this application form with payment to the MIAAP office or call the National AAP at 800-433-9016 to request that the Michigan Chapter Membership is added to your record.

Renewal New Member

AAP ID#: _____

Name: _____

Degree: _____

Institution/Practice: _____

Address: _____ Home Office

Department/Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone: _____ Fax: _____

Referred by: _____ Or, how did you hear about MIAAP? _____

How do you prefer to receive communications? Mail E-mail Fax

- MIAAP Fellow Membership (includes Specialty) \$150.00
- Chapter Affiliate/Associate (RN, PA, Pediatric Dentist, Non-Pediatrician Physicians) \$150.00
- Candidate Chapter Member \$150.00
- Post Residency Training Member \$ 50.00
- Retired Membership \$ 50.00
- Resident Membership \$ 25.00

Please send completed form with payment to the following address:

(Please make checks payable to MIAAP) Or, send via fax to: (517) 575-6285

Thank you for your membership!

MIAAP

106 W. Allegan, Suite 310
Lansing, MI 48933

Card Type: VISA MasterCard American Express Discover

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Sec. Code: _____

For more information, please contact Denise Sloan, Executive Director at (517) 484-3013 or denise.sloan@miaap.org. If you would like to check on the National AAP membership, please call Kelly Loes at (800) 433-9016 or e-mail her at kloes@aap.org.