



Established  
1919

# PEDIATRIC SOCIETY

*-Salus Liberorum Sit Maximae Curae Nobis-*

## APPLICATION FOR MEMBERSHIP

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Address for NPPS Correspondence:  Home  Work

### EDUCATION: (School Name/Location & Years Attended)

Premedical Education: \_\_\_\_\_

Medical School: \_\_\_\_\_

Residency: \_\_\_\_\_

Fellowship: \_\_\_\_\_

Date of Board Certification: \_\_\_\_\_ Board Eligible:  Yes  No

Professional Society Memberships: \_\_\_\_\_

### One- Year Membership Dues:

**Active \$100.00**       **Associate \$ 100.00**       **Affiliate \$ 100.00**

- Enclosed is my check for payment
- Please charge my Visa or MasterCard

Name on card: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please return completed application along with payment to:

NPPS  
2033 Sixth Avenue, Suite 1100  
Seattle, WA 98121

Fax: (206) 441-5863  
Email: [smc@wsma.org](mailto:smc@wsma.org)  
Questions? (206) 441-9762