

GEORGIA CHAPTER
American Academy of Pediatrics
CHAPTER MEMBERSHIP RENEWAL FORM
(Please Print)

Yes, Please renew my membership to the Georgia Chapter AAP.

Name _____ MD ___ DO ___ DDS/DMD ___ PNP ___ RN ___ Other ___

Preferred Mailing Address _____ Is This... Home ___ Office ___

City _____ State _____ Zip code _____

Email: _____ Phone: _____ Home ___ Office ___

Categories of Chapter Membership:

| | DUES | CODE |
|--|-------|------|
| <input type="checkbox"/> Fellow (<i>Fellow, American Academy of Pediatrics</i>) | \$205 | (00) |
| <input type="checkbox"/> Specialty Fellow (<i>Specialty other than Pediatrics</i>) | \$205 | (02) |
| <input type="checkbox"/> Resident Fellow (<i>Resident program in Georgia</i>) | \$0 | (03) |
| <input type="checkbox"/> Chapter Affiliate (<i>Chapter member, but non-member of AAP</i>) | \$205 | (20) |
| <input type="checkbox"/> Candidate Fellow (<i>Maximum 7 years – post residency</i>) | \$150 | (30) |
| <input type="checkbox"/> Post Residency Training Fellow | \$80 | (40) |
| <input type="checkbox"/> Senior Members (<i>65 years of age or older & retired from active practice</i>) | \$0 | (05) |
| <input type="checkbox"/> Associate Member (<i>Pediatric Dentist</i>) | \$105 | (79) |
| <input type="checkbox"/> Associate Affiliate (<i>Nurses, NPs, PAs, etc.</i>) | \$105 | (89) |
| <input type="checkbox"/> Medical Students (<i>Medical school in GA</i>) | \$0 | (88) |

DUES _____

Check Enclosed

Credit Card

Card Number _____

Name on Card _____ Exp. _____ CVV _____

- MasterCard
- Visa
- American Express

Signature _____

Please return to:

Georgia Chapter/American Academy of Pediatrics Attn: Membership
1350 Spring Street, Suite 700, Atlanta, GA 30309
Phone: 404/881-5067 Fax: 404/249-9503 asmith-adams@gaaap.org

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