



Membership Application

CONTACT INFORMATION			
Last Name	First	MI	Designation
Group			
Address			
City	State	Zip	
County	Email		
Phone	Fax	Birthdate	
Specialty			

What are your interests pertaining to pediatrics in Idaho?

I would like to volunteer in the following ways:

- Newsletter Contributions
- Advocacy
- Community Awareness
- Legislature
- Immunizations
- Medical Home
- Other: _____

Membership:

Please select the type of Membership you are interested in. Membership is valid one year from your start date.

- Voting Fellow (\$125 annual dues)
- Specialty Fellow (\$125 annual dues)
- Candidate Member (\$125 annual dues)
- Associate Member (\$125 annual dues)
- Retired Fellow (\$55 annual dues)
- Affiliate Member (\$50 annual dues)
- Emeritus Fellow (\$0 annual dues)

Please make checks payable to **American Academy of Pediatrics**. Mail this form and payment to:

Sherry Iverson, Executive Director
103 W State Street
Boise, ID 83702