



Virginia Chapter, American Academy of Pediatrics
and the Virginia Pediatric Society

2201 West Broad Street, Suite 205 Street Richmond, VA 23220

Phone: (804) 643-6631 Fax: (804) 788-9987

Email: jdavis@ramdocs.org website: www.virginiapediatrics.org

APPLICATION FOR MEMBERSHIP

Please print or type

Name Date

Practice Name Subspecialty

Preferred Mailing Address

Office Home

Office Phone Fax Home Phone

Email address Office/Practice Manager

Sex M F _____

Date of Birth Spouse's Name

Please check membership category	Annual Dues
<input type="checkbox"/> Chapter Fellow (Current Fellow of the American Academy of Pediatrics)	\$175
<input type="checkbox"/> Member, Virginia Pediatric Society (Not a Fellow of the AAP but pediatric trained and practicing pediatrics in Virginia)	\$175
<input type="checkbox"/> Married Fellow (Both spouses are Chapter or Society members)	\$100
<input type="checkbox"/> Affiliate Member (Physicians or dentists practicing in other specialties relating to pediatrics)	\$175
<input type="checkbox"/> Candidate (Limited to four years after completing PL-3 training)	\$100
<input type="checkbox"/> Resident: <input type="checkbox"/> PL1 <input type="checkbox"/> PL2 <input type="checkbox"/> PL3 (Physicians in primary pediatrics specialty training)	\$0
<input type="checkbox"/> Allied Health Professional (Licensed pediatric nurse practitioners and physician assistants)	\$75
<input type="checkbox"/> Practice Manager (Managing pediatric practice of a Chapter/Society member in Virginia)	\$75

Please submit your dues payment with completed application.

Make check out to AAP.

Signature of Applicant