

## **los angeles pediatric society**APPLICATION FOR MEMBERSHIP

Pediatricians as well as other physicians, surgeons, and licensed allied health professionals who have a particular interest and concern with the health and welfare of infants, children and adolescents are eligible to apply for membership. Regular Membership for all categories is \$125 a year. Complete each of the following items as applicable or indicate NA. ▶ Life membership is available at a one-time fee of \$1,250. \* Response Required

First	*1. Full Name					Bi	irth Year
2. Please indicate your mailing address (for LAPS admin use) and your preferred online physician locator listing address.  Preferred Mailing Address					an tatifala afrancia		
Office Location: yes   no      Street   City   State   Zip	Academy ar	na College member	ers are urged to ad	id amiliati	on initials after deg	gree.	
1Street City State Zip  Preferred Locator Address   (if different from above) Office Location: yes   no	<b>2</b> . Please indicate your mailing add	ress (for LAPS adr	min use) and your p	referred c	online physician loca	ator listin	g address.
Street City State Zp  Preferred Locator Address   (if different from above) Office Location: yes   no   Web Address    2.	Preferred Mailing Address □	•	Office Location: yes	□ no □			
Preferred Locator Address   (if different from above)   Office Location: yes   no     Web Address							
Preferred Locator Address   (if different from above) Office Location: yes   no   Web Address   2.			•				,
2	Æmail			Phone	9	Fa	X
Street  City  Flax  [Iff you wish to list multiple addresses on the online locator, you may attach a list.)  A Physician Locator is available online at www.lapedsoc.org. Your practice address information will be included in the Physician Locator, unless you choose to opt out.  Do NOT include my practice in Physician Locator.   Specialty  Bd. Cert. Date of Cert. Date of Re-Cert. Bd. Eligible  Note Board name for Specialty  A Medical School Internship Years  Residencies  Other Professional Training  Private Practice: Total Years  A Academic Practice: Total Years  A Member in good standing of other medical and scientific societies  Street  A References (Name of two physicians, preferably members)  1	Preferred Locator Address ☐ (if different	ent from above)	Office Location: yes	□ no □	Web Address		
Phone						04-4-	7:-
A Physician Locator is available online at <a href="https://www.lapedsoc.org">www.lapedsoc.org</a> , Your practice address information will be included in the Physician Locator is available online at <a href="https://www.lapedsoc.org">www.lapedsoc.org</a> , Your practice address information will be included in the Physician Locator is available online at <a href="https://www.lapedsoc.org">www.lapedsoc.org</a> , Your practice address information will be included in the Physician Locator in Physician Locator in the Physician Locator in Physician Locator in the Physician Locator in Physician Include	,		City	Phone			r
Physician Locator, unless you choose to opt out.  Do NOT include my practice in Physician Locator.    Specialty		on the online locat	or, you may attach a			r az	\
Specialty Bd. Cert. Date of Cert. Date of Re-Cert. Bd. Eligible Subspecialty: Bd. Cert. Date of Cert. Date of Re-Cert. Bd. Eligible Note Board name for Specialty  *3. Medical School Year Graduated Internship Years Residencies Years  Other Professional Training  Hospital Staff  Private Practice: Total Years Academic Practice: Total Years  *4. Member in good standing of other medical and scientific societies  1							
Subspecialty: Bd. Cert. Date of Cert Date of Re-Cert Bd. Eligible Note Board name for Specialty	Physician Locator, unless you choo	ose to opt out.	Do NOT inc	clude my	practice in Phys	ician Lo	ocator.
Note Board name for Specialty	Specialty	Dad.	Cert. Date of Cert		_ Date of Re-Cert		_ D Bd. Eligible
*3. Medical School	Subspecialty:	□ <i>Bd.</i>	Cert. Date of Cert		_ Date of Re-Cert		_ D Bd. Eligible
*3. Medical School	Note Board name for Specialty						_
Internship Years  Residencies Years  Other Professional Training  Hospital Staff  Private Practice: Total Years   Academic Practice: Total Years  *4. Member in good standing of other medical and scientific societies  *5. References (Name of two physicians, preferably members)  1							
Residencies	*3. Medical School				Year Grad	duated_	
Other Professional Training	Internship				Years	<del>_</del>	
Hospital Staff  Private Practice: Total Years  Academic Practice: Total Years  4. Member in good standing of other medical and scientific societies  5. References (Name of two physicians, preferably members)  1	Residencies				Years		
Hospital Staff  Private Practice: Total Years  Academic Practice: Total Years  A. Member in good standing of other medical and scientific societies  5. References (Name of two physicians, preferably members)  1							
Private Practice: Total Years	Other Professional Training						
Private Practice: Total Years							
*4. Member in good standing of other medical and scientific societies  *5. References (Name of two physicians, preferably members)  12.	Hospital Staff						
*4. Member in good standing of other medical and scientific societies  *5. References (Name of two physicians, preferably members)  12.							
*4. Member in good standing of other medical and scientific societies  *5. References (Name of two physicians, preferably members)  12.	☐ Private Practice: Total Years		□ Ac	ademic P	ractice: Total Years	<b>:</b>	
*5. References (Name of two physicians, preferably members)  12.							
12.	<b>*4</b> . Member in good standing of othe	r medical and scie	ntific societies				
12							
12.	*5 References (Name of two physics	iane profesably my	amhers)				
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6. ☐ LIFE MEMBERSHIP (►Life membership is available at a one-time fee of \$1,250.)	1						
	6. □ LIFE MEMBERSHIP (▶Life	membership is	available at a one	e-time fe	ee of \$1,250.)		
	7. Date						

YOUR PAYMENT FOR FIRST YEAR'S DUES (\$125) MUST ACCOMPANY APPLICATION ► LIFE MEMBERSHIP: \$1,250 (One-Time) Checks: Make payable and mail to: los angeles pediatric society • P.O. Box 4198, Torrance CA 90510-4198 Online payment: https://www.lapedsoc.org/membership/dues