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| C:\Users\Ellen\Desktop\LAPS\Letterhead and Logos\LAPS Logo only.jpg | los angeles pediatric society  MEMBERSHIP APPLICATION |

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. Membership for all categories is $125 a year. Please complete each of the following items as applicable. \***Life membership** is available at a one-time fee of $1,250

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|  |  |  |  |  | |
|  | First Name | Middle | Last Name | Birth Year |

Academy and College members are urged to add affiliation initials after degree.

*Please indicate your mailing address (for LAPS admin use) and your preferred online physician locator listing address*

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Mailing Address | Office Location: yes  no | | |
|  |  |  |  |
| *Street* | City | State | ZIP Code |
|  |  |  | |
| *Email* | Phone | Fax | |
| Preferred Locator Address  *(if different* | from above) Office Location: yes  no | | |
|  |  |  |  |
| *Street* | City | State | ZIP Code |
|  |  |  | |
| *Email* | Phone | Fax | |

**(If 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](http://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.**

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| --- | --- | --- | --- |
| *Specialty* | *Bd. Cert. Date of Cert* | *Date of Re-Cert* | *Bd. Eligible* |

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| *Subspecialty* | *Bd. Cert. Date of Cert* | *Date of Re-Cert* | *Bd. Eligible* |

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| --- | --- | --- |
| *Note Board Name for Specialty* | |  |
| *Medical School* | *Year Graduated* |  |

|  |  |
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| *Internship* | *Years* |

|  |  |
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| *Residencies* | *Years* |
| *(continued )* | |

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| *Other Professional Training* |
| *(continued)* |

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| *Hospital Staff* |
| *(continued)* |

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| *Private Practice: Total Years* | *Academic Practice: Total Years* |
| *Member in good standing of other medical and scientific societies* | | |
|  | | |

|  |  |
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| *References(Names of two physicians, preferably LAPS members)* | |
| *1.* | *2.* |  |
| \*LIFE MEMBERSHIP (Life membership is available at a one-time fee of $1250) | | | |
| *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:** [**Membership payment**](http://www.lapedsoc.org/membership/dues%20and%20donations) **or go to Dues Payment under Membership Tab at** [**www.lapedsoc.org**](http://www.lapedsoc.org)

[**eseaman@lapedsoc.org**](mailto:eseaman@lapedsoc.org) **●** [**meosborne@lapedsoc.org**](mailto:meosborne@lapedsoc.org) **● ● Phone 310-347-8087 ● Fax 310-782-9856**