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| C:\Users\Ellen\Desktop\LAPS\Letterhead and Logos\LAPS Logo only.jpg | los angeles pediatric societyMEMBERSHIP 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*

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| 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** **●** **meosborne@lapedsoc.org** **● ● Phone 310-347-8087 ● Fax 310-782-9856**