

Application for Chapter Membership

MAINE CHAPTER, THE AMERICAN ACADEMY OF PEDIATRICS
160 Fifth Street, Auburn, ME 04210
Phone 207-782-0856 E-mail: agridleyentwood@aap.net

DATE: _____

NAME: _____ SPOUSE'S NAME: _____

ADDRESS: Office: _____ Zip: _____

Phone: _____ email: _____

Residence: _____ Zip: _____

Phone: _____

TYPE OF PRACTICE/TRAINING PROGRAM: _____

EDUCATION:

Undergraduate College/University	Dates attended	Degree(s)
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Medical and Other Graduate School

GRADUATE TRAINING:

Internship/Residency	Hospital	Location	Dates
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OTHER SPECIAL TRAINING (Fellowships or Additional Formal Graduate Training)

BOARD CERTIFICATION: _____ Date: _____

MAINE STATE MEDICAL LICENSE NUMBER: _____ EXP. DATE: _____

SOCIETY MEMBERSHIPS:

Maine Medical Association (Member): _____ DATE: _____

Other Professional Societies (List Offices Held): _____

COMMITTEE INTERESTS:

With the enclosure of my check for \$ 95.00 for annual dues (\$80.00 for Allied Health Professionals, \$35.00 for Residents), made payable to the *American Academy of Pediatrics*, and mail to:

Attn: Aubrie Entwood
American Academy of Pediatrics, Maine Chapter
160 Fifth Street
Auburn, ME 04210

I hereby apply for Maine Chapter membership.

(Signature)