



Please indicate your *PRIMARY* type of practice or employment:

- \_\_\_ A) Academic
- \_\_\_ B) Hospital based (*Includes administration and/or patient care*)
- \_\_\_ C) Managed Care (*Includes administration and/or patient care*)
- \_\_\_ D) Military
- \_\_\_ E) Private Practice (*Solo*)
- \_\_\_ F) Private Practice (*Group – 2 or more*)
- \_\_\_ G) Public Health (*State or Local*)
- \_\_\_ H) Public Health (*Federal*)
- \_\_\_ I) Other (*please specify*) \_\_\_\_\_

Categories of Chapter Membership:

	DUES	CODE
___ Fellow ( <i>Fellow, American Academy of Pediatrics</i> )	\$145	(00)
___ Specialty Fellow ( <i>Specialty other than Pediatrics</i> )	\$145	(02)
___ Resident Fellow ( <i>Resident program in Georgia</i> )	\$0	(03)
___ Chapter Affiliate ( <i>Chapter member, but non-member of AAP</i> )	\$145	(20)
___ Candidate Fellow ( <i>Maximum 7 years – post residency</i> )	\$110	(30)
___ Post Residency Training Fellow	\$50	(40)
___ Emeritus Fellow ( <i>65 years of age or older, retired from active practice</i> )	\$0	(05)
___ Retired Member ( <i>55-64 years old, retired from active practice</i> )	\$20	(51)
___ Auxiliary Chapter Member ( <i>Member AAP with 2<sup>nd</sup> chapter membership</i> )	\$50	(49)
___ Associate Member ( <i>Pediatric Dentist</i> )	\$70	(79)
___ Associate Affiliate ( <i>Nurses, PAs, etc.</i> )	\$70	(89)
___ Medical Students ( <i>Medical school in GA</i> )	\$0	(88)

Payment Enclosed                       Please send me an invoice for Chapter Dues

Please charge my Credit Card      Circle one:    MasterCard          Visa          American Express

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV code: \_\_\_\_\_

Signature \_\_\_\_\_

Are you interested in serving on a chapter committee?    \_\_\_ Yes                      \_\_\_ No

If yes, please list any committees in which you are interested \_\_\_\_\_

Please list areas of professional interest and additional expertise \_\_\_\_\_

Please return to:

Georgia Chapter/ American Academy of Pediatrics    C/O Kasha Sumpter  
1330 West Peachtree St, NW #500, Atlanta, GA 30309-2904  
Phone: 404/881-5067 Fax: 404/249-9503    ksumpter@mag.org