GEORGIA CHAPTER
American Academy of Pediatrics
CHAPTER MEMBERSHIP RENEWAL FORM
(Please Print)

Yes, Please renew my membership to the Georgia Chapter AAP.

Name____________________________________________ MD___ DO___ DDS/DMD___ PNP___ RN___ Other___

Preferred Mailing Address________________________________________________ Is This… Home____ Office____

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Categories of Chapter Membership:

☐ Fellow (Fellow, American Academy of Pediatrics) $180 (00)
☐ Specialty Fellow (Specialty other than Pediatrics) $180 (02)
☐ Resident Fellow (Resident program in Georgia) $0 (03)
☐ Chapter Affiliate (Chapter member, but non-member of AAP) $180 (20)
☐ Candidate Fellow (Maximum 7 years – post residency) $125 (30)
☐ Post Residency Training Fellow $55 (40)
☐ Senior Members (65 years of age or older, retired from active practice) $0 (05)
☐ Associate Member (Pediatric Dentist) $80 (79)
☐ Associate Affiliate (Nurses, PAs, etc.) $80 (89)
☐ Medical Students (Medical school in GA) $0 (88)

DUES _________

☐ Check Enclosed

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Please return to: Georgia Chapter/American Academy of Pediatrics
Attn: Membership
1330 West Peachtree St, NW #500, Atlanta, GA 30309-2904
Phone: 404/881-5067 Fax: 404/249-9503  kaskew@gaaap.org

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