

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 ___

City _____ State _____ Zip + 4 _____

Email: _____

Categories of Chapter Membership:

	DUES	CODE
<input type="checkbox"/> Fellow (<i>Fellow, American Academy of Pediatrics</i>)	\$195	(00)
<input type="checkbox"/> Specialty Fellow (<i>Specialty other than Pediatrics</i>)	\$195	(02)
<input type="checkbox"/> Resident Fellow (<i>Resident program in Georgia</i>)	\$0	(03)
<input type="checkbox"/> Chapter Affiliate (<i>Chapter member, but non-member of AAP</i>)	\$195	(20)
<input type="checkbox"/> Candidate Fellow (<i>Maximum 7 years – post residency</i>)	\$140	(30)
<input type="checkbox"/> Post Residency Training Fellow	\$70	(40)
<input type="checkbox"/> Senior Members (<i>65 years of age or older & retired from active practice</i>)	\$0	(05)
<input type="checkbox"/> Associate Member (<i>Pediatric Dentist</i>)	\$95	(79)
<input type="checkbox"/> Associate Affiliate (<i>Nurses, NPs, PAs, etc.</i>)	\$95	(89)
<input type="checkbox"/> Medical Students (<i>Medical school in GA</i>)	\$0	(88)

DUES _____

Check Enclosed

Credit Card

Card Number _____

Name on Card _____ Exp. _____

- MasterCard
- Visa
- American Express

Signature _____

Please return to:

Georgia Chapter/American Academy of Pediatrics Attn: Membership
1350 Spring Street, Suite 700, Atlanta, GA 30309
Phone: 404/881-5067 Fax: 404/249-9503 kaskew@gaaap.org

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