

KENTUCKY CHAPTER AFFILIATE APPLICATION

FOR AAP USE ONLY/ONLINE

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAP ID# _____

DIST _____ CHAPTER _____

First Name _____ Middle/Maiden _____ Last Name _____ DATE _____
 MD DO Other (specify) _____ Male Female
Date of Birth (MM/DD/YY)

Preferred Address & Phone Home –or– Office

Organization or Group Practice Name (if applicable) _____

Number/Street/Suite _____

City/State/Zip or Postal Code/Country _____

Telephone _____

Cellular _____

Email _____

Fax _____

I AM APPLYING FOR CHAPTER AFFILIATE MEMBERSHIP IN... KENTUCKY

_____ I am a **NEW, CHAPTER MEMBER** or... **RENEWAL LAPSED MEMBER**
_____ I am currently a **NATIONAL AAP MEMBER** applying as a **NEW CHAPTER MEMBER**

CHAPTER ANNUAL DUES RATES

Chapter Affiliate \$150

Associate \$125 (Pediatric Dentists, Family Physicians)

Chapter Emeritus \$0

Resident \$0 (Physicians in primary pediatrics specialty training: PL1 PL2 PL3)

Medical Student \$0

Allied Health Professional \$75 (Licensed pediatric nurse practitioners, physician assistants, other health professionals)

*****INTEREST AREAS: Please fill out page 2 (or reverse side) of this application*****

FELLOWSHIP TRAINING

Type of Fellowship _____

Institution _____

From (MM/DD/YY) _____

To (MM/DD/YY) _____

APPLICANT SIGNATURE

I hereby certify that all information recorded on this application and any attached documents are accurate and support my qualifications for membership in the AAP Chapter for which I now apply.

Signature of Applicant _____ Date _____

PAYMENT To pay your Chapter dues payment of (see above for rates), please complete below.

My check for \$ _____ is enclosed – Check # _____

I will pay using the following credit card: Visa Mastercard AMEX Discover Include the 3-digit CVV# located on the signature space of your card.

Amount \$ _____ • Cardholder Name _____

Card # _____ • CVV# _____ • Exp. Date _____ / _____

Signature _____ Date _____

RETURN APPLICATION WITH PAYMENT TO (PAYMENT MUST ACCOMPANY APPLICATION FOR PROCESSING):

Mary York, Chapter Executive Director, 420 Capital Avenue, Frankfort, KY 40601 email: maryyork@kyaap.org FAX: 502-223-4200

FOR CHAPTER STAFF USE ONLY: TO AAP/DATE _____ WP _____

Page 2 (Membership Application)

Please check all of the appropriate interest categories below (listed alphabetically). The Chapter will access this information when establishing various member work groups and/or committees and to communicate specific child health information to those with noted interests in these health areas.

ABP Certified Sub Specialty Area

- Adolescent Medicine
- Cardiology & Cardiac Surgery
- Critical Care
- Developmental & Behavioral Pediatrics
- Emergency Medicine
- Endocrinology
- Gastroenterology & Nutrition
- Hematology/Oncology
- Infectious Diseases
- Medical Toxicology
- Neonatology/Perinatal Medicine
- Neurology
- Transplant Hepatology
- MED-PED

- Pediatric Dentistry
- Pediatric Pulmonology
- Perinatal Pediatrics (Neonatology)
- Plastic Surgery
- Psychiatry
- Residents
- Rheumatology
- School Health
- Seniors
- Sports Medicine
- Surgery
- Telephone Care
- Transplant Hepatology
- Transport Medicine
- Uniformed Services
- Urology
- Young Physicians

SPECIFIC Interest Areas

- Administration & Practice Management
- Adolescent Medicine
- Adoption & Foster Care
- Allergy & Immunology
- Anesthesiology & Pain Medicine
- Bioethics
- Breastfeeding
- Child Abuse & Neglect
- Children with Disabilities
- Clinical Pharmacology & Therapeutics
- Community Pediatrics
- Critical Care
- Dermatology
- Developmental & Behavioral Pediatrics
- Emergency Medicine
- Endocrinology
- Epidemiology
- Gastroenterology & Nutrition
- Genetics & Birth Defects
- Hematology/Oncology
- Home Care
- Hospital Medicine
- Infectious Diseases
- Injury & Poison Prevention
- International Child Health
- Neonatology (Perinatal Pediatrics)
- Nephrology
- Neurology
- Ophthalmology
- Orthopaedics
- Otolaryngology-Head & Neck Surgery

OTHER Interest Areas

- Advocacy
- Aids
- Ambulatory Pediatrics
- Coroner
- Cultural Competence
- Early Childhood
(DayCare, Psychosocial Aspects)
- Emergency & Disaster Preparedness
- Environmental Health
- Governmental Affairs
- Gynecology
- Health Care Foundation
- Internal Medicine
- Medicaid
- Medical Education
- Mental Health Issues
- Obesity
- Occupational Medicine
- Osteopathic Medicine
- Pathology
- Practice Management
- Psychology
- Public Information
- Rural Practice
- Sleep Medicine
- Spina Bifida
- Substance Abuse
- Sudden Infant Death Syndrome
- Technology
- Tobacco & Smoking
- Transplant Hepatology