

KENTUCKY CHAPTER AFFILIATE APPLICATION

FOR AAP USE ONLY/ONLINE

Kentucky Chapter

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)

Senior \$0

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

Post Residency \$75

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