

# 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** \$175

**Associate** \$150 (Pediatric Dentists, Family Physicians)

**Senior** \$0

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

**Post Residency** \$100

**Medical Student** \$0

**Allied Health Professional** \$100 (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](mailto:maryyork@kyaap.org)

**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