

Tennessee Chapter of the
American Academy of Pediatrics
Tennessee Pediatric Society



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MEMBERSHIP APPLICATION

PART I

NAME _____

ADDRESS _____

CITY _____ ZIP _____ Is this Home or Work? _____

COUNTY of Home _____ COUNTY of Work _____

PHONE: (W) _____ (H) _____ (FAX) _____

EMAIL _____ PRACTICE NAME (If Applicable) _____

CATEGORY OF MEMBERSHIP (*Membership in AAP automatically qualifies you for TNAAP/TPS membership*)

- | | |
|---|-----------------|
| ___ FELLOW (<i>Physician who is FAAP-designated</i>) | Dues: \$ 150 |
| ___ SPECIALTY FELLOW (<i>AAP member who is certified by boards of another medical society</i>) | Dues: \$ 150 |
| ___ CHAPTER AFFILIATE (<i>Any physician not a Fellow of the AAP. Must complete Part II.</i>) | Dues: \$ 150 |
| ___ CANDIDATE FELLOW (<i>Limited to 4-year period post-residency for members of AAP</i>) | Dues: \$ 135 |
| ___ EMERITUS FELLOW (<i>Retired</i>) | Dues: \$ 35 |
| ___ POST-RESIDENCY TRAINING FELLOW (<i>AAP must have letter from fellowship program director</i>) | Dues: \$ 50 |
| ___ RESIDENT FELLOW (<i>Pediatric resident who belongs to the AAP</i>) | Dues: No Charge |
| ___ ASSOCIATE MEMBER (<i>Pediatric dentists, PNP's, RN's, etc.</i>) | Dues: \$150 |

Sub-Specialty (if any) _____

Primary Work: ___ private ___ academic ___ hospital ___ public health ___ admin. mngmt ___ gov

Time Devoted to Pediatrics ___ full-time ___ part-time ___ other (explain)

Advocacy Area(s) of Interest _____

(National AAP members need not complete this section)

PART II ACADEMIC HISTORY (List institution and dates attended.)

Medical School _____

Internship _____

Residency _____

Fellowship _____

Hospital Affiliation _____

Board Certified ___ yes ___ no

Medical Society Memberships _____

SPONSOR NAME _____ PHONE NUMBER _____

(Sponsor must already be TNAAP/TPS member)

APPLICANT SIGNATURE _____ DATE _____

***Your check for dues must accompany this application.**

DUES ENCLOSED: _____

June 2006