American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Tennessee Chapter

Tennessee AAP Chapter Membership Application

This application is for those who are wanting to join the TN AAP Chapter who do not have a national membership. Current members of the National AAP can call the National AAP at 800.433.9016 to request that the Tennessee Chapter Membership be added to your record or you can call the Tennessee AAP office at 615.383.6004.

☐ New Member ☐ Renewal

AAP ID # _____ (You do not have to have an AAP ID to complete the application.)

Name: _____

Degree: _____

Institution/Practice: _____

Address: _____ ☐ Home ☐ Office

Department/Apt/Suite #: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Referred by: _____

Membership Levels and Annual Dues:

☐ **Chapter Affiliate - Physician ($185) -** ☐ Pediatrician ☐ Specialist ☐ **Dentist** ☐ **Family Practice**

☐ **Chapter Affiliate- Allied Health ($95)** – ☐ Nurse ☐ Practice Managers/Staff ☐ **Other** _____

☐ **Post Residency Training Member ($55**) ☐ **Senior Member ($40)** – (Retired Physicians)

☐ **Chapter Affiliate - Resident ($0)** ☐ **Chapter Affiliate - Medical Student ($0)**

Please send completed form with payment to the following address (or send via fax to 615.383.7170):

TNAAP, P.O. Box 159201, Nashville, TN 37215-9201

☐ Paying with Check (Please make checks payable to TNAAP)

Card Type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name on Card: _____

Card Number: _____ Exp Date: _____

Signature: _____Security Code: _____

Thank you for your membership!

Revised 4.7.2017