

# Greater-Phoenix Pediatric Society Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: AZ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of the National AAP:      Yes                      No

Are you a member of the AZ AAP:            Yes                      No

Annual Dues to Greater-Phoenix Pediatric Society-      General Member: \$75  
Residents and Retirees: \$40

Please make check payable to Greater-Phoenix Pediatric Society

Please mail check to:  
Candice Yee, M.D.  
Treasurer, Greater-Phoenix Pediatric Society  
3237 E. Meadowbrook Ave.  
Phoenix, AZ 85108