



Established
1919

PEDIATRIC SOCIETY

-Salus Liberorum Sit Maxima Curae Nobis-

APPLICATION FOR MEMBERSHIP

CONTACT INFORMATION:

Name: _____ Title: _____

Practice/Group Name: _____

Practice Address: _____ City/State/Zip: _____

Phone: _____ E-Mail: _____

Hospital Affiliation: _____

Home Address: _____

Home Phone: _____ Email: _____

Preferred Address for NPPS Correspondence: Home Work

EDUCATION: (School Name/Location & Years Attended)

Premedical Education: _____

Medical School: _____

Residency: _____

Fellowship: _____

Date of Board Certification: _____ Board Eligible: Yes No

Professional Society Memberships: _____

One- Year Membership Dues:

Active \$100.00 **Associate \$ 100.00** **Affiliate \$ 100.00**

- Enclosed is my check for payment
- Please charge my Visa or MasterCard

Name on card: _____

Number: _____ Exp. Date: _____

Please return completed application along with payment to:

NPPS
2001 Sixth Avenue, Suite 2700
Seattle, WA 98121

Fax: (206) 441-5863
Email: ddw@wsma.org
Questions? (206) 441-9762