

# Houston Pediatric Society

John P. McGovern Bldg.  
1515 Hermann Drive | Houston, TX 77004  
Phone: (713) 524-4267 Fax: (713) 526-1434 Email: admin@houstonpedisociety.org

## MEMBERSHIP APPLICATION

Member Type:  **Active**  MD  FYP  SYP  **Associate:**  NP  BSN  PA  **Junior:**  Intern  Fellow  Resident

Full Name:

Degree:

## OFFICE ADDRESS

Office Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

## HOME ADDRESS

Home Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Preferred Mailing Address:  Office  Home

## MEDICAL EDUCATION

Medical School:

Graduation Date:

Graduate Training:

Graduation Date:

Internship:

Residency:

Board certification:

Date:

Type of Practice:

Percent of Practice Related to Problems of Children

\_\_\_\_\_ %

Are you currently a member of the Harris County Medical Society?:  Yes  No

## SIGNATURE

I hereby apply for membership to the Houston Pediatric Society, agree to abide by its constitutions and bylaws. I certify that to the best of my knowledge, all of the above information is true and correct.

Signature of applicant:

Date:

**Annual Membership Dues: \$200.00**

**Associate Member Dues: \$150.00**

**2<sup>nd</sup> Year in Practice (SYP) Dues: \$150.00**

**1<sup>st</sup> Year in Practice (FYP): Dues: \$100.00**

**\*Interns/Residents/Fellows** in a Pediatric training program are not required to pay dues.  
Payment is due with your application.

Referred by \_\_\_\_\_

**Remit to:** Houston Pediatric Society Administration Office  
1515 Hermann Drive | Houston, TX 77004  
Fax: (713) 526-1434 Email: admin@houstonpedisociety.org

Received: \_\_\_\_\_

ID #: \_\_\_\_\_

**Office Use Only:** ( ) Active | ( ) Associate | ( ) Junior | ( ) Emeritus

**Vote:** ( ) Accept | ( ) Reject **Date:** \_\_\_\_\_