

Houston Pediatric Society

John P. McGovern Bldg.
1515 Hermann Drive | Houston, TX 77004
Fax: (713) 526-1434

Phone: (713) 524-4267

Email: admin@houstonpedisociety.org

MEMBERSHIP APPLICATION	
Full Name:	Degree:
Specialty: <input type="checkbox"/> PEDIATRICS <input type="checkbox"/> Other _____	NPI:
Are you currently a member of the Harris County Medical Society? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PREFERRED CONTACT INFORMATION		
Phone number:	E-mail address:	
Preferred Mailing Address: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		
Street Address:		
City:	State:	Zip Code:

ATTESTATION	
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 the above information is true and correct.	
Signature of applicant:	Date:

Referred by: _____

Payment is due with your application.

Member type	Annual Dues
Physician: <input type="checkbox"/> MD/DO <input type="checkbox"/> SYP (Second Year in Practice) <input type="checkbox"/> FYP (First Year in Practice)	\$200 \$150 \$100
Allied healthcare professional: <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> BSN	\$150
Interns/Residents/Fellows in a Pediatric training program	Not required to pay dues

Remit to: Houston Pediatric Society Administration Office
1515 Hermann Drive | Houston, TX 77004
Phone: (713) 524-4267, Fax: (713) 526-1434
Email: admin@houstonpedisociety.org

Received: _____

ID # _____

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

Date: _____