

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Minnesota Chapter

Chapter-Only Membership Application

Date _____

First Name: _____ Last Name: _____

Home Address: _____ City, State, Zip: _____

Email: _____

Work Phone: _____ Date of birth _____

Employer/School (if applicable) _____

Would you like to receive a hard copy of the newsletter in addition to the electronic version?

Yes/No

Which of the following committees might you be interested in joining or learning about?

(Circle all that apply)

Public Policy

Rural Health

Communications

Immunizations

Mental Health/Development

Other

Childhood Obesity

Pediatric Council

Type of Membership

(Circle one)

\$130 Voting Fellow

\$75 Candidate Fellow

\$50 Associate

\$0 Medical Student/Resident/Post Resident Fellow

\$0 Retired

Please make check payable to MN-AAP and mail to:

Minnesota Chapter of the American Academy of Pediatrics

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St. Paul, MN 55105

Fax to 651-699-7798

Questions? Call 651-402-2056 or email debilzan@mnaap.org