

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