

Membership Application

Instructions: Submit the information requested below and return with a copy of your curriculum vitae (CV). Upon approval of your application, you will be billed \$100 annual membership dues.

I am hereby applying for membership in the Intermountain Pediatric Society/American Academy of Pediatrics Utah Chapter.

Name:

Mailing Address:

City/State/Zip:

Email:

Home Phone:

Office Phone:

Office Fax:

List the name and contact information for two American Academy of Pediatrics or IPS/AAP Utah Chapter members who can be contacted to provide letters of support.

Name:

Contact Information:

Name:

Contact Information:

Print out and mail to:

Intermountain Pediatric Society/AAP Utah Chapter
Attn: Membership
3029 Holderhill Lane
Salt Lake City, UT 84118

or Fax: 801/968-2616

For more information:

Cathy Oyler, Executive Director
Email: coyler@ips-uaap.org
Office: 801/968-3411