

# **IPS Pediatric Managers Group Membership Application**

Instructions: Submit the information requested below and return with a check in the amount of \$50 payable to:

Intermountain Pediatric Society  
Attn: PMG Membership  
3029 Holderhill Lane  
Salt Lake City, UT 84118

I am hereby applying for membership in the Intermountain Pediatric Society Pediatric Managers Group.

Name:

Mailing Address:

City/State/Zip:

Email:

Office Phone:

Office Fax:

List doctors or practice you work with:

**For more information:**

Cathy Oyler, Executive Director

Email: [coyler@ips-uaap.org](mailto:coyler@ips-uaap.org)

Office: 801/968-3411