



AACPDM

Membership Application

Date submitted: _____

Name _____
(First/Given) (Middle) (Last/Family) Degree

Date of Birth _____

Specialty _____

Referral Name _____

Types of Membership:

- Fellow - Must have a minimum of a Bachelor's Degree.
- Corresponding - Must reside outside of the United States and Canada.
- Trainee/Student/Resident - Professional attending post-entry professional training. This membership category is good for two years. After two years, you will automatically become a Fellow member. Must include letter from Supervisor, confirming student status.

Curriculum vitae must accompany all applications

Specify address to which AACPDm correspondence is to be directed: Professional Home

PROFESSIONAL ADDRESS

Institution (if any) _____

Street _____

City _____ State / Province _____ Country _____ Postal Code _____

Telephone _____ E-mail _____

HOME ADDRESS

Street _____

City _____ State / Province _____ Country _____ Postal Code _____

Telephone _____ E-mail _____

AFFILIATIONS

Current hospital or institutional affiliations, including title

Current teaching affiliations (including academic appointments)

Licensed to practice in the following states or countries (give dates)

REMIT TO AACPDm OFFICE:

ADDITIONAL DATA

I have included my CV.

Society memberships _____

In your own words, please indicate your interest/professional activity in developmental disabilities

MEMBERSHIP DUES

NOTE: The AACPDM membership year runs from January - December. Annual dues invoices will be mailed in November of each year.

Fellow Membership: **\$300.00 USD** (choose ONE from below)

- I'd like to receive the DMCN journal – electronically, with online access to past issues
- I'd like to receive the DMCN journal - 12 printed issues, with online access to past issues
- I'd like to receive a book from the Clinics in Developmental Medicine series (please complete book order form)
- I'd like to donate my DMCN journal – electronically, to a Corresponding Member

Corresponding Member: **\$50.00 USD** (Does not include DMCN Journal subscription)

I would like to be placed on the waiting list to receive an electronic subscription to the DMCN Journal from an AACPDM Fellow Member.
Please check yes or no.
 YES NO

Resident/Trainee/Student Member: **\$40.00 USD** (Does not include DMCN Journal subscription)

I have included a letter from my supervisor confirming my student status.

CONTRIBUTIONS

- I want to support AACPDM through a Strategic Fund contribution: \$ _____ USD
- I want to support AACPDM through an Endowment Fund contribution: \$ _____ USD
- I want to support AACPDM through an Angel Wing Fund contribution: \$ _____ USD

AACPDM's Tax ID number is 62-0692749

Total amount enclosed: \$ _____ (USD)

Payment information (payment is required at the time of application):

Make check payable to AACPDM in U.S. Dollars OR provide credit card information below.

- Check enclosed
- American Express
- Discover
- MasterCard
- VISA

Card Number	Expiration Date	Security Code
Cardholder's Name	Cardholder's Signature	

By submitting this application you acknowledge that membership in the AACPDM must be approved by the current Membership Committee, and is not automatic. The AACPDM reserves the right to decline a membership application and will reimburse the full dues amount paid.



REMIT TO AACPDM OFFICE:

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