

# PEDIATRIC INFECTIOUS DISEASES SOCIETY

## Fellows-in-Training Membership Application

*If you are a fellow-in-training, simply complete the information below to become a PIDS member.  
Dues for fellows while in training are waived.*

---

Please print legibly and include the address where you would like to receive PIDS mailings.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Institution Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Sex: Male Female Date of Birth: \_\_\_\_\_

Highest Degree Obtained: \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

I.D. Fellowship Institution: \_\_\_\_\_

I.D. Fellowship Starting Date: \_\_\_\_\_ I.D. Fellowship Ending Date: \_\_\_\_\_

Fellowship Training Program Director's Name (Please Print): \_\_\_\_\_

Fellowship Training Program Director's Signature: \_\_\_\_\_

---

Return to: PIDS Headquarters  
66 Canal Center Plaza  
Suite 600  
Alexandria, VA 22314

**Fellows should contact the PIDS office if there is a change in fellowship training.**

If you have questions, please contact Christy Phillips, PIDS Staff Manager:

Phone: (703) 299-6764,  
Fax: (703) 299-0473, or  
E-mail: pids@idsociety.org.

---

Date of Receipt: \_\_\_\_\_

Action: \_\_\_\_\_