

# Pediatric Infectious Diseases Society

## New Member Application

**THIS FORM MUST BE SIGNED BY A CURRENT PIDS MEMBER.**

### Applicant Information

Name of Applicant

Date

Sex

Male

Female

Date of Birth

/ /

Degree (check all that apply)

MD

PhD

DO

PharmD

DSci

Other: Please specify

Institution/Organization

Job Title

Mailing Address line 1 (This information will appear in the PIDS Online Membership Directory and it will also be used for distribution of the Pediatric Infectious Disease Journal).

Mailing Address line 2

City

State

Zip/Postal code

Country

Phone

Fax

E-mail

The percent of time spent exclusively in Pediatric Infectious Diseases \_\_\_\_\_; The proportion of Pediatric Infectious Diseases time spent on patient care \_\_\_\_\_, research \_\_\_\_\_, teaching \_\_\_\_\_, administration \_\_\_\_\_, other (specify) \_\_\_\_\_. If not currently involved in Pediatric Infectious Diseases, describe other activities that may qualify for membership (e.g., research, government service, public health).

Major area of scholarly interest: \_\_\_\_\_

Nominating member (**Please Print**): \_\_\_\_\_ Signature of **nominating** member: \_\_\_\_\_

Please choose the membership category you are applying for:

Annual membership dues include subscriptions to the Pediatric Infectious Disease Journal.

Domestic 1<sup>st</sup> Year - \$115

Domestic - \$210

International - \$210 (US Dollars)

International ESPID Member - \$115 (US Dollars)

### Payment Information

Dues in the amount of \$ \_\_\_\_\_

Check enclosed

Please charge my

Master Card

Visa

American Express

Credit card number

Expiration

Signature

**For assistance: call PIDS Member Services at (703) 299-6764**

## Pediatric Infectious Diseases Society New Member Application

### Demographic Information

*This information is useful to PIDS in helping us design programs that meet our members needs.*

Specialty, based on completion of an approved training program (physicians only; check one)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Adult ID                    | <input type="checkbox"/> Internal Medicine       | <input type="checkbox"/> Pediatric ID |
| <input type="checkbox"/> Family Practice             | <input type="checkbox"/> Obstetrician/Gynecology | <input type="checkbox"/> Pediatrics   |
| <input type="checkbox"/> Other: Please specify _____ |  |                                       |

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Primary employment affiliation (check one)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Federal Government          | <input type="checkbox"/> Military                        | <input type="checkbox"/> State/Local Government    | <input type="checkbox"/> Private/Group Practice |
| <input type="checkbox"/> Hospital/Clinic             | <input type="checkbox"/> Pharmaceutical/Biotech Industry | <input type="checkbox"/> University/Medical School |   |
| <input type="checkbox"/> Other: Please specify _____ |  |  |   |

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Professional activities (write "1" for primary and "2" for secondary)

- |                         |                         |                               |
|-------------------------|-------------------------|-------------------------------|
| — Administration        | — Clinical Research     | — Public Health               |
| — Basic Research        | — Hospital Epidemiology | — Teaching/Education          |
| — Clinical Microbiology | — Patient Care          | — Other: Please specify _____ |

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**Return this form along with your dues payment to Valerie Felder at the PIDS Headquarters office.**

PIDS Headquarters  
66 Canal Center Plaza, Suite 600  
Alexandria, VA 22314  
PH: (703) 299-6764 F: (703) 299-0473