



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 MS MPH NP MT Other: _____

Institution/Organization _____

Job Title _____

Contact Information (This information will appear in the PIDS Online Membership Directory and it will also be used for distribution of the *Journal of the Pediatric Infectious Diseases Society*).

Address Type: Business Residence

Mailing Address Line 1 _____

Mailing Address Line 2 _____

City _____ State _____ Zip/Postal code _____ Country _____

Phone _____ Fax _____ E-mail _____

Nominating member (**Please Print**): _____

Signature of **nominating** member: _____

Please choose the membership category you are applying for:

Annual membership dues include electronic subscriptions to the *Journal of the Pediatric Infectious Diseases Society*.

Allied Member (PharmD, NP, PA, Micro) - \$150 Member - \$250 International - \$250

Developing Country (According to World Bank list) - \$100

Payment Information

Dues in the amount of \$ _____ Check enclosed Please charge my

Master Card Visa American Express Discover

Credit card number: _____ Expiration: _____

Signature: _____

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

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 (check one)

- Adult ID Internal Medicine Pediatric ID
- Family Practice Obstetrician/Gynecology Pediatrics
- Other: Please specify _____

Primary employment affiliation (check one)

- Federal Government Military State/Local Government
- Private/Group Practice Hospital/Clinic Pharmaceutical/Biotech Industry
- University/Medical School Other: Please specify _____

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

- Administration Clinical Research Public Health
- Basic Research Epidemiology/Infection Control Teaching/Education
- Clinical Microbiology Patient Care Other: Please specify _____

Return this form along with your dues payment to the Membership Department at the PIDS Headquarters office.

Pediatric Infectious Diseases Society
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 Arlington, VA 22209
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 EMAIL: pids@idsociety.org