Pediatric Infectious Diseases Society
Membership Application

THIS FORM MUST BE SIGNED BY A CURRENT PIDS MEMBER.

Name: _____ Degree(s): _____

Sex: Male Female Birthdate: _____

Academic Rank: _____ Institution: _____

Type of Organization (Circle All that Apply): Univ Hosp Govt Pharmaceut PrivPrac Other _____

ID Fellowship Institution: _____ Inclusive Dates: _____
American Board of Pediatrics Diploma Number: _____ Year: _____

American Board of Pediatrics Certified in ID:	YES	NO	Date Certified: _____	Diploma Number: _____
American Academy of Pediatrics	YES	NO		
American Academy of Pediatrics ID Section:	YES	NO		
Infectious Diseases Society of America	YES	NO	MEMBER	FELLOW
Society for Pediatric Research	YES		MEMBER	
American Pediatric Society	YES		MEMBER	
The Society of Healthcare Epidemiology of America	YES		MEMBER	

Please print your address below exactly as you would like it to appear in the PIDS Membership Directory. This information also will be used for distribution of the Pediatric Infectious Diseases Journal.

Department: _____ Organization: _____

Street: _____

City/State/Country/Postal Code: _____

Office Phone: _____ Office Fax: _____ E-mail: _____

Please list below the percent of time spent exclusively in Clinical Pediatric Infectious Diseases, and other activities not related to patient care. If not currently doing Pediatric Infectious Diseases, describe other activities that may qualify you for membership, e.g., research, government service or public health activities.

_____

_____

Major Area of Scholarly Interest: _____

Nominating Member (**Please Print**): _____ Signature of **Nominating** Member: _____

Membership Category: Fellow-in-Training* - $50 *(*2nd & 3rd Year Fellows)* **Domestic 1st Year - $100 Domestic - $195 International - $195** *(In U.S. Dollars)* **International ESPID Member - $100** *(In U.S. Dollars)*

Payment Method: [ ] Check* [ ] Credit Card The amount enclosed: _____
Note: Please make checks payable to PIDS

Credit Card Type: [ ] Master Card [ ] VISA [ ] American Express

Card Number: _____ Expiration Date: _____/_____

Signature: _____

Return this form along with your dues payment to Christy Taylor at the PIDS Headquarters office.

PIDS Headquarters
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Alexandria, VA 22314
PH: (703) 299-6764 F: (703) 299-0473