

# 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

RN

MT

Other: \_\_\_\_\_

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 Journal of the Pediatric Infectious Diseases Society). **Address Type:**  Business  Residence

Mailing Address line 2

City

State

Zip/Postal code

Country

Phone

Fax

E-mail

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

**If applying for fellow/resident membership, fill out the requested information.**

I.D. Fellowship/Resident Institution \_\_\_\_\_

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

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

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

Please choose the membership category you are applying for:

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

Domestic 1<sup>st</sup> Year - \$125  Member - \$225  International - \$225  Fellow – No Charge  Resident – No Charge

## 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**

# 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 (check one)

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

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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

PIDS Headquarters  
1300 Wilson Boulevard, Suite 300  
Arlington, VA 22209  
PH: (703) 299-6764 F: (703) 299-0473