

Houston Pediatric Society

John P. McGovern Bldg.
1515 Hermann Drive
Houston, Texas 77004

Date: _____

Application for Membership

Type: () Full () Associate-Residents/Fellows

Name in Full: _____ Degree: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Ph: _____ Fax: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Medical Education & Date of Graduation:

Graduate Training: _____ Harris County Medical Society Member?: () Yes () No

Internship: _____

Residency: _____

Board Certification & Date: _____

Type of Practice: _____

Percent of Practice Related to Problems of Children: _____

_____ Date: _____

Applicant's Signature

Endorsed by: (2 regular members required)

1. _____ 2. _____
Print or Type Name Print or Type Name

1. _____ 2. _____
Signature Signature

Annual Membership Dues: \$125.00

** Resident/Fellows are guest of the Society, therefore are not required to pay annual dues.

Please remit to: Houston Pediatric Society Administration Office (address above)
Or Fax: (713) 526-1434 Email: Stefanie_Cunanan@hcms.org

Office Use Only:

Type of Membership: () Active () Honorary () Associate-Resident/Fellows

Society Vote: () Accept () Reject Date: _____