Membership Office
9650 Rockville Pike
Bethesda MD 20814 USA
TEL: 301-634-7401
FAX: 301-634-7099
E-mail: membership@pediatricepsociety.org

MEMBERSHIP APPLICATION

First Name: _____ Middle Name: _____ Last Name: _____

Degree 1: _____ Degree 2: _____

Hospital: _____

Department: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____

Fax: _____ E-mail: _____

Status:

○ Full member	$300
○ Trainee/Fellow	$25
○ Associated Professional (Lab Techs, Nurses, etc.)	$100
○ Affiliate (Industry, SADS)	$300
○ International member	$100

Please consider making an additional tax-deductible contribution to further the mission of PACES:

- ○ $25
- ○ $50
- ○ $100
- ○ $150
- ○ Other Amount $_____

Return application with payment in the form of credit card, check or money order in U.S. funds. **Checks or money orders must be drawn on a U.S. Bank.** Make checks payable to **PACES** and mail to above address.

Members choosing to use wire transfers, please add $30 to cover bank fees. $

PACES Federal Tax ID# 383064296

Total $

Credit Card Information Credit card orders may be faxed to: (301) 634-7099 ☐ American Express ☐ VISA ☐ Master Card ☐ Discover

Card Number _____ Name on Card _____

Expiration Date _____ 3 or 4 Digit CVV# _____

Authorized Signature _____