



THE SOCIETY FOR PEDIATRIC URGENT CARE

2209 Dickens Rd., Richmond, VA 23230-2005

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MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ MI: _____ ☐MD ☐DO ☐PhD ☐RN ☐NP
☐RRT ☐APN ☐MD-PhD ☐PA ☐Other _____

Preferred Mailing Address: _____

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

Office Phone: _____ Fax: _____ Home Phone: _____

Date of Birth (mm/dd/yy): ____/____/____ Type of Practice: ☐ Private ☐ University ☐ Government ☐ Other _____

E-mail: _____ Title: _____

Academic Degrees & Other Professional Certifications With Dates: _____

Specify residencies and fellowships completed with year (or year of anticipated completion): _____

Membership Type:

<input type="checkbox"/> FOUNDERS CIRCLE – \$500	Any healthcare provider who meets the physician or allied health categories may join by paying the fee established by the Board of Directors.
<input type="checkbox"/> PHYSICIAN MEMBER – \$200	Licensed physicians with an interest in pediatric urgent care may become a member. Physician members may vote and hold office.
<input type="checkbox"/> AFFILIATE MEMBER – \$150	Any licensed healthcare provider who is not a physician or is a physician in training may become a member. Affiliate members are not eligible to vote or hold office.
<input type="checkbox"/> ASSOCIATE MEMBER – \$100	Anyone with an interest in the field of pediatric urgent care who does not meet the criteria of any other category may become an associate member upon sponsorship by an active member. Associate members are not eligible to vote or hold office.
<input type="checkbox"/> TRAINEE – \$50	Any student, resident or healthcare provider involved in a training program may become a member.

For Trainees Only:

Trainee Institution: _____

Location: _____ Date of Graduation: ____/____/____

Payment Options:

Promo Code: _____

☐ Check or Money Order Enclosed (US Funds) Made Payable to: SPUC, 2209 Dickens Rd., Richmond, VA 23230-2005.

☐ AmEx ☐ Mastercard ☐ Visa ☐ Discover

Card No: _____ CVV Code: _____ Exp. Date: _____

Signature: _____ Printed Name on Card: _____

Credit Card Billing Address: _____ Credit Card Zip Code: _____

For more information, visit www.urgentcareped.org