



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): _____

Referred by: _____

Membership Type:

<input type="checkbox"/> FOUNDERS CIRCLE - \$500	Any healthcare provider who meets the Provider or Clinical Administrator categories may join by paying the fee established by the Board of Directors.
<input type="checkbox"/> PROVIDER - \$200	Licensed providers (MDs, DOs, NPs, PAs) with an interest in pediatric urgent care. Provider members have voting privileges and may hold office.
<input type="checkbox"/> CLINICAL ADMINISTRATOR - \$150	Any RN (particularly those in leadership positions), healthcare administrator, or educator who is not a physician or a physician in training. Clinical administrator members have voting privileges and may hold office.
<input type="checkbox"/> INTERNATIONAL - \$200	Licensed providers (MDs, DOs, NPs, Pas, RN) or clinical healthcare administrator with an interest in pediatric urgent care. International members will have voting privileges and may hold office.
<input type="checkbox"/> ALLIED HEALTH - \$200	Anyone with an interest in the field of pediatric urgent care who does not meet the criteria of any other category may become an Allied Health member. Allied Health 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. Trainee members are not eligible to vote or hold office.

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