



THE SOCIETY FOR PEDIATRIC URGENT CARE

2209 Dickens Road, Richmond, VA 23230-2005

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MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ MI: _____ Degree: _____

Mailing Address: _____

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

Billing Address: _____

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

Office Phone: _____ Fax: _____ Mobile Phone: _____

E-mail: _____ Date of Birth (mm/dd/yy): ____/____/____

Hospital: _____ City/State: _____

Academic/Departmental Title: _____

Specialty (choose one):

Acute Care Critical Care Emergency Medicine Family Medicine Pediatrics Sports Medicine Urgent Care Other

Membership Type:

<input type="checkbox"/> FOUNDERS CIRCLE - \$500	Any SPUC member in the Provider or Clinical Administrator categories may join the Founders Circle, established by the Board of Directors. This category is for those with a special interest in supporting the growth of SPUC. Founders Circle members will be recognized on the SPUC website, in certain SPUC publications, and at SPUC's annual meeting. A portion of the Founders Circle membership fee will be allocated for the Michael Moran Scholar Award.
<input type="checkbox"/> PROVIDER - \$200	Licensed providers (MD, DO, NP, PA, RN) with an interest in pediatric urgent care. Provider members have voting privileges and may hold office.
<input type="checkbox"/> INTERNATIONAL - \$200	Licensed providers (MD, DO, NP, PA, RN) or clinical healthcare administrator with an interest in pediatric urgent care. International members have voting privileges and may hold office.
<input type="checkbox"/> CLINICAL ADMINISTRATOR - \$200	Any person (MD, DO, NP, PA, RN, healthcare administrator, educator), particularly those in an urgent care leadership position, <i>who does not do patient care</i> . Clinical Administrator members do not have voting privileges and do not hold office.
<input type="checkbox"/> ALLIED HEALTH - \$150	Anyone with an interest in the field of pediatric urgent care (RN, LPN, MA, RRT, PharmD, medic) 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. 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.urgentcarepeds.org