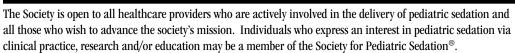
The Society for Pediatric Sedation®

MEMBERSHIP APPLICATION





		Last Name			Title:					
		Specialty:								
□ Ma	ıle 🗖 Female 🗖 F	Prefer Not to Answer Email:								
Mailing Address:				Billing Address:						
				City:						
			Zip/Postal Code:		State/Country:Zip/Postal Code:					
Phone:Fax:		Fax:		Phone:	Fa	Fax:				
SPECI	alty Type (Must c	hoose at least one)								
☐ Ambulatory Care		☐ Emergency Medicine		☐ Oral and Maxillofacial Surgery ☐ Radiology						
☐ Anesthesiology		General Surgery					Respiratory Therapist			
☐ Cardiology		☐ Hematology/Oncology		☐ Pain Management ☐ Sed						
☐ Child Life		☐ Hospital Medicine		Pediatric Dentists Ur						
		☐ Nurse Practitioner (Adv. Practi	ice Nursing)	☐ Pulmonology						
□ De	ntistry	☐ Nursing								
Membership Category Name of SPS member who referred you:										
	Membership Cat	tegories				TIER 1	TIER 2	TIER 3	TIER 4	
						\$200	\$200	\$200	\$200	
	established by the Board of Directors. Membership in this category provides the member with special recognition and privilege determined by the Board of Directors.					3				
	Physician : Licensed physicians with an interest in pediatric sedation may become a member.				\$125	\$50	\$10	\$3		
	Dentist: Any doctor of dental surgery, doctor of dental medicine, pediatric dentists, general dentists and oral surgeons with an interest in pediatric sedation may become a member.			ons with an	\$125	\$50	\$10	\$3		
	Allied Health/RN: Any licensed healthcare provider who is not a physician may become a member.				\$60	\$25	\$5	\$2		
	Allied Health/Other: Any licensed healthcare provider who is not a physician may become a member.				\$60	\$25	\$5	\$2		
	Associate : Anyone with an interest in the field of pediatric sedation who does not meet the criteria of any other category may become an associate member. Associate members are not eligible to vote or hold office.				egory may	\$60	\$25	\$5	\$2	
	Trainee : Any student, or healthcare provider involved in a nursing, child life, or dental training program may become a memb Trainee Institution: Location:					. \$25	\$10	\$2	\$ 1	
	Graduation/Residency Date:									
	Physician Trainee: Complimentary membership to physician trainees (resident or fellows) for the duration of their training.					\$0	\$ 0	\$0	\$ 0	
	Location:	rainee Institution:ocation:								
	Graduation/Residency Date:									
		Please visit: http://www.pedse	edation.org/m	embership/membership-tiers/ to	find your to	ier.				
PAYMI	ent Options: 🗆 Ch	neck or Money Order Enclosed (US Fu	ınds) Made Pa	yable to the Society for Pediatr i	ic Sedation					
□ Ma	stercard 🗖 Visa 🏻	☐ Discover ☐ AMEX Expiration	Date:				_			
Card No		CV	CVV Code: Exp. Da							
		Pri	Printed Name on Card							
Credit	Card Billing Address	Credit (Card Zip Code	:						
Signature:										