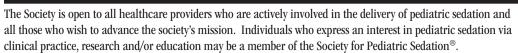
The Society for Pediatric Sedation®

Membership Application





		Last Name			_Title:				
		Specialty:							
Affiliat	ion:								
□ Ma	le □ Female □ P	refer Not to Answer Email:							
Mailing Address:			Billing Address:						
				City:					
State/Country:Zip/Po				State/Country:Zip/Postal Code:					
Phone:Fax:			Phone:	Fa	_Fax:				
SPECIA	агту Туре (Must cl	hoose at least one)							
☐ Ambulatory Care		Emergency Medicine		☐ Oral and Maxillofacial Surgery ☐ Radiology					
☐ Anesthesiology		General Surgery		☐ Oral Surgeons ☐ Respiratory Therapist					
☐ Cardiology		☐ Hematology/Oncology		☐ Pain Management ☐ Sedation					
☐ Child Life		☐ Hospital Medicine		Pediatric Dentists	Urology				
_		☐ Nurse Practitioner (Adv. Practi	ice Nursing)	Pulmonology					
☐ De	ntistry	☐ Nursing							
MEMBERSHIP CATEGORY Name of SPS member who referred you:									
	Membership Cat	egories				TIER 1	TIER 2	TIER 3	TIER 4
	Sustaining Member : Any healthcare provider who meets the physician or allied health categories may join by paying the fee established by the Board of Directors. Membership in this category provides the member with special recognition and privilege a determined by the Board of Directors.					\$200	\$200	\$200	\$200
	Physician: Licensed physicians with an interest in pediatric sedation may become a member.					\$160	\$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	\$160	\$50	\$10	\$3
	Allied Health/RN: Any licensed healthcare provider who is not a physician may become a member.					\$75	\$25	\$5	\$2
	Allied Health/Other: Any licensed healthcare provider who is not a physician may become a member.					\$75	\$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.					\$60	\$25	\$5	\$2
	Trainee Institution:					. \$25	\$10	\$2	\$1
	Location:								
	Physician Trainee: Complimentary membership to physician trainees (resident or fellows) for the duration of their training. Trainee Institution: Location: Graduation/Residency Date:						\$0	\$0	\$0
Раумн	ENT Options: Ch	Please visit: http://www.pedso		embership/membership-tiers/ to vable to the Society for Pediatr	•	ier.			
☐ Ma	stercard 🗖 Visa 🏻	☐ Discover ☐ AMEX Expiration	Date:				_		
Card No		CVV	CVV Code: Exp. Da						
Signature			Printed Name on Card						
Credit Card Billing Address: Credit Card Zip Coo						:			
Signature:									