The Society for Pediatric Sedation®

Membership Application

The Society is open to all healthcare providers who are actively involved in the delivery of pediatric sedation and all those who wish to advance the society's mission. Individuals who express an interest in pediatric sedation via clinical practice, research and/or education may be a member of the Society for Pediatric Sedation®.

First Name:_____ Last Name: _____Title: _____

Birth Date: _____ Specialty: _____

Affiliation: _____

❒ Male ❒ Female ❒ Prefer Not to Answer Email: _____

Mailing Address: _____

City: _____

State/Country:_____Zip/Postal Code:_____

Phone:_____Fax: _____

Billing Address: _____

City: _____

State/Country:_____Zip/Postal Code:_____

Phone:_____Fax: _____

Specialty Type (Must choose at least one)

- ❒ Ambulatory Care
- ❒ Anesthesiology
- ❒ Cardiology
- ❒ Child Life
- ❒ Critical Care
- ❒ Dentistry
- ❒ Emergency Medicine
- ❒ General Surgery
- ❒ Hematology/Oncology
- ❒ Hospital Medicine
- ❒ Nurse Practitioner (Adv. Practice Nursing)
- ❒ Nursing
- ❒ Oral and Maxillofacial Surgery
- ❒ Oral Surgeons
- ❒ Pain Management
- ❒ Pediatric Dentists
- ❒ Pulmonology
- ❒ Radiology
- ❒ Respiratory Therapist
- ❒ Sedation
- ❒ Urology

Membership Category

Name of SPS member who referred you: _____

	Membership Categories	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 as 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.	$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**: Any student, or healthcare provider involved in a nursing, child life, or dental training program may become a member. Trainee Institution: _____ Location: _____ Graduation/Residency Date:_____	$25	$10	$2	$1
❒	**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	$0

Please visit: http://www.pedsedation.org/membership/membership-tiers/ to find your tier.

Payment Options: ❒ Check or Money Order Enclosed (US Funds) Made Payable to the **Society for Pediatric Sedation**

❒ Mastercard ❒ Visa ❒ Discover ❒ AMEX Expiration Date:_____

Card No _____ CVV Code: _____ Exp. Date_____

Signature _____ Printed Name on Card _____

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

Signature: _____ Date:_____

Society for Pediatric Sedation®

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