CHICAGO PEDIATRIC SOCIETY

MEMBERSHIP APPLICATION

Name:					M.	D. or D.O.
First	Middle	or Maiden	Last			
Mailing Address:					7: 0	1.
Stree	t	Cit	y State	;	Zip Co	de
Telephone Number : ()		Sex:	□ male	□ fem	ale
Email Address:		Please help us	"Go Green"-This	is our prim	ary mode	of communicat
Birthdate://	State V	Vhere Licensed:				
Has your medical license ev	ver been revoked,	suspended, or rest	tricted? 🛛 yes	🗖 no		
MEDICAL SCHOOL						
Institution		Location		I		
RESIDENCY					m	onth/year
Institution	Le	ocation		D	ates	
						onth/year
Note: If there is a break in use this form - do not attach Type of Prof. Act.			ate sheet to indica Date Starte			and time. Ple
*If currently in Armed Force			k	_ Date:	/	/
BOARD CERTIFICATIO) N: \Box yes \Box	no				
Specify Board				_ Date: _	/	/
PRACTICE : (percentage	in each category of	of professional tim	e currently devot	ted to pec	liatrics)	
Practice To	eaching	Administrat	ion	_ Resear	rch	
Present Teaching Position a	und Rank		Full Time:	🛛 yes	🗖 no	
Institution(s)						

HOSPITAL STAFF POSITIONS

Primary	Institutions	\square Active Staff or \square Courtesy Staff		
	Location	_ How Long?		
	Chief of Pediatrics	_ Chief of Staff		
Other:	Institutions	_ □ Active Staff or □ Courtesy Staff		
	Location	How Long?		
Have you	ever had hospital staff privileges denied, restric	ted or rescinded? \Box yes \Box no		
If yes, de	tail on separate page.			
MEDICA	AL SOCIETY MEMBERSHIPS: (Specify if a	an officer)		
Mail to:	Chieses Dedictric Society 515 North De	anham Chicago II 60654		
Fax to:	Chicago Pediatric Society, 515 North Dearborn, Chicago, IL 60654 312-670-3646			
Email:	jcox@cmsdocs.org			
	Jeon e embudestorg			
Dues a	re \$100.00 per year—Checks can	be made payable to address above		
For Office Us	e			
EXECUT	TIVE COMMITTEE:			
1		4		
2		5		
3		6		
Presented	before membership on/ App	roved Denied		