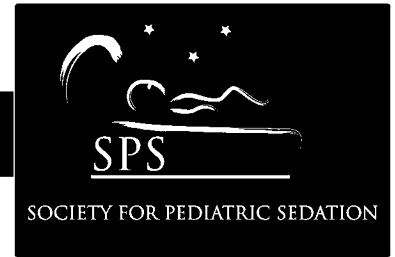
The Society for Pediatric Sedation®

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: ____

Address: ____

City:____

State/Province: _____________ Country:_________________________ Postal Code: ________________

Work Phone: ______________________________ Home Phone: _________________________________

Fax:______________________________E-mail: ____

MEMBERSHIP CATEGORY

	Category	Fee
❒	**Founders Circle**: 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
❒	**Physician**: Licensed physicians with an interest in pediatric sedation may become a member.	$100
❒	**Dentist:** Any doctor of dental surgery or doctor of dental medicine with an interest in pediatric sedation may become a member.	$100
❒	**Allied Health/RN**: Any licensed healthcare provider who is not a physician may become a member.	$50
❒	**Allied Health/Other**: Any licensed healthcare provider who is not a physician may become a member.	$50
❒	**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.	$50
❒	**Trainee**: Any student, resident or healthcare provider involved in a training program may become a member. Trainee Institution: ______________________________________ Location: ______________________Graduation/Residency Date:______________	$20

PAYMENT OPTIONS:

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

❒ Mastercard ❒ Visa ❒ Discover Expiration Date: ______________________________

Card Number: ____

Printed Name on Card: ____

Signature: ____ Date:______________

Society for Pediatric Sedation®

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