The Society for Pediatric Sedation®

Membership Application

SPONSOR A MEMBER

The following Sponsor a Member application should be completed by the prospective member and the sponsor before being submitted to the SPS office at sps@societyhq.com. Both the sponsor and member will be notified when the membership has been processed.

MEMBERSHIP INFORMATION – To be completed by applicant

First Name:_____ Last Name: _____Title: _____

Birth Date: _____ Specialty: _____

Affiliation: _____

Address: _____

City: _____

State/Province: _____ Country:_____Postal Code:_____

Work Phone:_____ Home Phone:_____

Fax:_____ *E-mail:_____

**E-mail is required to receive future membership information. Please print clearly to ensure successful e-mail delivery.*

SPS MEMBERSHIP CATEGORY

❒	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
❒	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

SPONSOR INFORMATION

First Name:_____ Last Name: _____Title: _____

Affiliation: _____

Address: _____

City: _____State: _____ Country: _____ Postal Code: _____

Primary Phone:_____ E-mail:_____

PAYMENT INFORMATION – To be completed by sponsor

❒ 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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