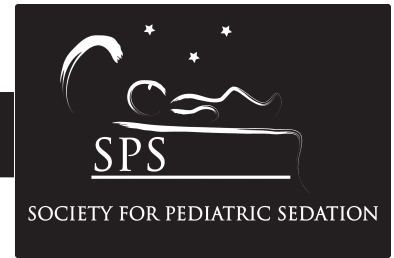


The Society for Pediatric Sedation®

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: _____

Mailing Address: _____ Billing Address: _____

City: _____ City: _____

State/Country: _____ Zip/Postal Code: _____ State/Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

MEMBERSHIP CATEGORY

Membership Categories	TIER 1	TIER 2	TIER 3	TIER 4
<input type="checkbox"/> 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
<input type="checkbox"/> Physician: Licensed physicians with an interest in pediatric sedation may become a member.	\$100	\$50	\$10	\$3
<input type="checkbox"/> Dentist: Any doctor of dental surgery or doctor of dental medicine with an interest in pediatric sedation may become a member.	\$100	\$50	\$10	\$3
<input type="checkbox"/> Allied Health/RN: Any licensed healthcare provider who is not a physician may become a member.	\$50	\$25	\$5	\$2
<input type="checkbox"/> Allied Health/Other: Any licensed healthcare provider who is not a physician may become a member.	\$50	\$25	\$5	\$2
<input type="checkbox"/> 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	\$25	\$5	\$2
<input type="checkbox"/> Trainee: Any student, resident or healthcare provider involved in a training program may become a member. Trainee Institution: _____ Location: _____ Graduation/Residency Date: _____	\$20	\$10	\$2	\$1

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 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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