

The Society for Pediatric Sedation®



**Society for
Pediatric Sedation**
Safe and Sound

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: _____ Billing Address: _____

City: _____ City: _____

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

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

SPECIALTY TYPE (Must choose at least one)

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

MEMBERSHIP CATEGORY

Name of SPS member who referred you: _____

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.	\$125	\$50	\$10	\$3
<input type="checkbox"/> 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.	\$125	\$50	\$10	\$3
<input type="checkbox"/> Allied Health/RN: Any licensed healthcare provider who is not a physician may become a member.	\$60	\$25	\$5	\$2
<input type="checkbox"/> Allied Health/Other: Any licensed healthcare provider who is not a physician may become a member.	\$60	\$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.	\$60	\$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: _____	\$25	\$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 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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