

**Application for Chapter Membership**

Kansas Chapter, American Academy of Pediatrics (KAAP)  
9905 Woodstock Street, Lenexa, KS 66220-8000  
Phone: 913-780-5649  
Fax: 1-866-519-0365  
Email: kansasaap@aol.com  
Web Site: www.aapkansas.org

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:**

Office: \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Education/Training Program**

Education:

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Undergraduate College/University	Dates attended	Degree(s)
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Additional Education/Training	Hospital	Location	Dates
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**Chapter Affiliates (please mark one)**

<u>Individual Types</u>	<u>Dues Rates</u>		
_____ Physician	\$85	_____ PA and Nurses	\$20
_____ Young Physician (age 40 & under)	\$45	_____ Professional Staff	\$20
_____ Candidate Fellows	\$45	_____ Parent/Family	\$20
_____ Dentist	\$45	_____ Medical Students	\$ 0

Please enclose this completed application and a check for the dues amount checked above made payable to the Kansas Chapter of AAP and mail to:

Attn: Chris Steege  
KAAP  
9905 Woodstock Street  
Lenexa, KS 66220-8000

I hereby apply for Kansas Chapter membership,

\_\_\_\_\_  
(Signature)