Cincinnati Pediatric Society

Physician Membership: $100.00 (MD, DO)
Emeritus Membership: $50.00
Associate Membership: $50.00 (APN, PA)
Membership fees waived for third year residents

Name: _____

Office Name and Address:

_____

Office Telephone:

_____

Email Address:

_____

Home Address:

_____

Home Telephone:

_____

Specialty: _____

Are you in: Private Practice _____

Teaching/Research_____

Other _____

Graduate Education:

_____

Postgraduate Education (i.e. residency):

_____

Mail Application and Membership Fee to:
Cincinnati Children's Hospital Medical Center
Physician Services, ML 5002
3333 Burnet Avenue Cincinnati, Ohio 45229-3039