



# THE SOCIETY FOR PEDIATRIC URGENT CARE

2209 Dickens Road, Richmond, VA 23230-2005

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## MEMBERSHIP APPLICATION

**Group Bill Applications: To apply for inclusion on a group bill, complete all fields and specify your eligible membership category. Note that you should leave the payment field blank.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital: \_\_\_\_\_ City/State: \_\_\_\_\_

Academic/Departmental Title: \_\_\_\_\_

### Specialty (choose one):

Acute Care  Critical Care  Emergency Medicine  Family Medicine  Pediatrics  Sports Medicine  Urgent Care  Other

### Membership Type:

<input type="checkbox"/> <b>FOUNDERS CIRCLE - \$500</b>	Any SPUC member in the Provider or Clinical Administrator categories may join the Founders Circle, established by the Board of Directors. This category is for those with a special interest in supporting the growth of SPUC. Founders Circle members will be recognized on the SPUC website, in certain SPUC publications, and at SPUC's annual meeting. A portion of the Founders Circle membership fee will be allocated for the Michael Moran Scholar Award.
<input type="checkbox"/> <b>PROVIDER - \$200</b>	Licensed providers (MD, DO, NP, PA, RN) with an interest in pediatric urgent care. Provider members have voting privileges and may hold office.
<input type="checkbox"/> <b>INTERNATIONAL - \$200</b>	Licensed providers (MD, DO, NP, PA, RN) or clinical healthcare administrator with an interest in pediatric urgent care. International members have voting privileges and may hold office.
<input type="checkbox"/> <b>CLINICAL ADMINISTRATOR - \$200</b>	Any person (MD, DO, NP, PA, RN, healthcare administrator, educator), particularly those in an urgent care leadership position, <i>who does not do patient care</i> . Clinical Administrator members do not have voting privileges and do not hold office.
<input type="checkbox"/> <b>ALLIED HEALTH - \$150</b>	Anyone with an interest in the field of pediatric urgent care (RN, LPN, MA, RRT, PharmD, medic) who does not meet the criteria of any other category may become an Allied Health member. Allied Health members are not eligible to vote or hold office.
<input type="checkbox"/> <b>TRAINEE - \$50</b>	Any student, resident, or healthcare provider involved in a training program. Trainee members are not eligible to vote or hold office.  Trainee Institution: _____ Location: _____ Date of Graduation: ____/____/____

### Payment Options:

Promo Code: \_\_\_\_\_

Check or money order enclosed (US funds) made payable to: SPUC, 2209 Dickens Rd., Richmond, VA 23230-2005.

AmEx  Mastercard  Visa  Discover

Card No: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Credit Card ZIP Code: \_\_\_\_\_

For more information, visit [www.urgentcareped.org](http://www.urgentcareped.org)