



Utah Chapter

Utah Chapter

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Cathy Oyler

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AFFILIATE MEMBERSHIP APPLICATION

Affiliate Members are non-physician professionals who have training, experience or special interest in the health care of children and who reside in Utah. If you have questions or would like more information, contact Cathy Oyler, Executive Director, at office@aaputah.org or (801) 968-3411.

Instructions: Submit the information requested below and return with a copy of your (1) curriculum vitae, (2) evidence of membership in your respective state professional organization, and (3) pay annual dues in the amount of \$75.

Mail to: Utah Chapter AAP

3029 Holderhill Lane

Salt Lake City, UT 84118

OR Fax to: (801) 968-2616

I am hereby applying for Affiliate Membership in the Utah Chapter of the American Academy of Pediatrics.

Name: _____

Practice Name (if applicable): _____

Office Phone: _____ Fax: _____

Home Phone: _____

Email: _____

Mailing Address: _____

_____ Zip: _____

Payment Options:

- ☐ Check payable to **UAAP**; mail to address listed above.
- ☐ Visa ☐ American Express ☐ Master Card ☐ Discover

Authorized Cardholder _____

Account Number _____ Expiration Date _____

Signature _____

Email receipt to _____

THANK YOU!