



Oklahoma Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

OKAAP Membership Application

APPLICANT INFORMATION

Physician Name:		Preferred Name:	
<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Other (Specify):		Subspecialty:	
Practice Name:			
Practice Address:			
City:		State:	Zip:
Phone Number:		Fax Number:	
AAP ID#:		E-Mail:	

ALTERNATE INFORMATION

Home Address:			
City:		State:	Zip:
Phone:	Cell:		Fax:

ANNUAL CHAPTER DUES

Annual Oklahoma Chapter Dues - \$125

Applicant Signature:		Date:
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Please mail completed application form along with dues to **OKAAP** at the address listed below:

Phone: 918-858-0298
dorchard@upal.com



6840 S. Trenton Ave., Tulsa, OK 74136
Website: www.OKAAP.org



Fax: 918-747-5596
kestes@upal.com

