



The College of Physicians of Philadelphia

SECTION ON PUBLIC HEALTH

Membership Application/Renewal Form

Name: _____

Title _____ Organization _____

Mailing Address: _____

_____ Zip Code _____

Phone (____) _____ - _____

Membership fee: ____ \$40.00

Fax (____) _____ - _____

____ FREE to Students

E-mail _____ Fellow ____ New Member ____ Renewal

Areas of Interest: _____

Pay dues online. Go to <https://13284.thankyou4caring.org/sections>.

OR

Please charge my VISA Master Card

Card # _____

Expiration Date _____

Signature _____

If cardholder's name is different from member, please indicate here:

OR

Enclosed is my check for \$_____. Please make check payable to "**Section on Public Health, CPP.**"

Mail to: Section on Public Health
The College of Physicians of Philadelphia
19 South 22nd Street
Philadelphia, PA 19103-3097
Attn: Meredith Sellers

If you have any questions, please contact Meredith Sellers at 215-399-2254 or msellers@collegeofphysicians.org