



# The College of Physicians of Philadelphia

## SECTION ON PUBLIC HEALTH

### Section Membership and Renewal Form

Name: \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

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

\_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Membership fee: \_\_\_\_ \$50.00

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ FREE to Students

E-mail \_\_\_\_\_      \_\_\_\_ Fellow    \_\_\_\_ New Member    \_\_\_\_ Renewal

Areas of Interest: \_\_\_\_\_

Date: \_\_\_\_\_

**Pay dues online.** Go to <https://collegeofphysicians.org/about-us/support/section-memberships>.  
**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 *“The College of Physicians of Philadelphia.”*

**Mail to:**            Section on Public Health  
                          The College of Physicians of Philadelphia  
                          19 South 22<sup>nd</sup> 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](mailto:msellers@collegeofphysicians.org)