



# The College of Physicians of Philadelphia

BIRTHPLACE OF AMERICAN MEDICINE<sup>SM</sup>

## Section on Public Health and Preventive Medicine

### Membership Application/Renewal Form

Send completed forms to [publichealth@collegeofphysicians.org](mailto:publichealth@collegeofphysicians.org).

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

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

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

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

Primary Email: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Students: Please put your personal email here.

Fellow    New Member    Renewal    Student

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

### Annual Membership Dues (\$50):

Membership is free for students. Please indicate above if you are applying for a student membership.

To pay dues online, visit <https://www.collegeofphysicians.org/about-us/support/section-memberships>.

Please charge my    VISA    MasterCard

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 and Preventive Medicine

The College of Physicians of Philadelphia  
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Philadelphia, PA 19103-3097