



International Association  
of Physicians in AIDS Care

# Membership Application

## GENERAL INFORMATION - Please clearly fill out ALL of the information below

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

MD     PhD     DO     RN     PA     PharmD     Other: \_\_\_\_\_

Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_ St/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you prefer to receive information via:     E-mail    or     Fax?

## MEMBERSHIP CATEGORIES - Please check the appropriate box

**Individual Member USD\$100**

*Open to all individuals. Benefits include:*

- Annual subscription and related supplements to *IAPAC Monthly*
- Access to Members Only section of IAPAC.org
- Preferred advanced (and discounted) invitation to IAPAC conferences
- Participation on issue-specific IAPAC committees

**On-Line Member USD\$25**

*Open to all individuals. Benefits include:*

- Annual on-line subscription and related supplements to *IAPAC Monthly*
- Access to Members Only section of IAPAC.org
- Preferred advanced (and discounted) invitation to IAPAC conferences
- Participation on issue-specific IAPAC committees

## DEMOGRAPHIC INFORMATION

**Specialty:**             Family Practice             Adult Infectious Disease             Obstetrics/Gynecology             Pediatrics  
                                  Internal Medicine             Other \_\_\_\_\_

**Primary employment affiliation:**     Federal Government             University/Medical School             Private/Group Practice             Hospital/Clinic  
    State/Local Government             Pharma/Biotech Industry             Other \_\_\_\_\_

Estimated number of HIV patients you treat each year: \_\_\_\_\_

## PAYMENT INFORMATION

I have enclosed a check made payable to IAPAC    - OR -

Please bill my:     Master Card     VISA     American Express

Credit card number: \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_

Expiration date: \_\_\_\_\_    Credit card CCV2 indicator: \_\_\_\_\_

(3-4 digit # on the front or back of your card, after the account number)

## RETURN TO

IAPAC, 123 W. Madison, Ste. 1400, Chicago, IL 60602-2501, USA - OR - Fax to: 1-(312) 795-4938 - OR - Join online at [www.iapac.org](http://www.iapac.org)