

Application for Membership in the Southern Society for Pediatric Research

Purpose: To further pediatric investigation and research and to provide an opportunity for its members to meet and present their data for critical review.

Membership Categories

Active Member: M.D. or Ph.D. degree holders with an interest in pediatric research.

Honorary Member: This category is for individuals who lack a doctoral degree but who have made significant contributions to pediatrics.

All applications must be proposed and seconded by 2 members of the SSPR with accompanying letters supporting your application.

Return application with a check for \$65 (\$5 initiation fee, \$60 dues), made out to the Southern Society for Pediatric Research, to:

David Oelberg MD
SSPR Secretary-Treasurer
Prof and Dir, Div of Neonatal-Perinatal Medicine
Children's Hospital of the King's Daughters
601 Children's Lane
Norfolk VA 23507

Your application is subject to final approval by the membership at the next meeting; however, you will receive all mailings from this date.

Date: _____

**The Southern Society for Pediatric Research
Application for Membership**

Category of Membership: ___ **Active** ___ **Honorary**

Name: _____

Present Address: _____

Telephone: _____ Fax: _____

Email: _____ Birth Date: _____

Please attach a short CV with application or fill in information below:

Education

1) Pre-Medical School: _____

2) Medical School and Date: _____

3) Post-Graduate Education and Dates: _____

Staff Positions and Dates:

Field or Special Interest or Research in Pediatrics: _____

Societies to which Applicant belongs (select no more than 5):

Bibliography (select no more than 5) (attach if additional space needed):

Proposed by*: _____

Seconded by*: _____

***Must be proposed and seconded by 2 members
of the SSPR with 2 letters of support**

<p>For Office Use Only. Do not mark in this space.</p> <p>Approved _____</p> <p>Denied _____</p>
