



# The College of Physicians of Philadelphia

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

## Section on Medical History

### Membership Application/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: \_\_\_\_\_

**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 Medical History, CPP.”**

**Mail to:**

The College of Physicians of Philadelphia  
19 South 22<sup>nd</sup> Street  
Philadelphia, PA 19103-3097  
Attn: Erin Scheckenbach

If you have any questions, please contact Erin Scheckenbach at 215-309-2020 or [escheckenbach@collegeofphysicians.org](mailto:escheckenbach@collegeofphysicians.org)