



The College of Physicians of Philadelphia

BIRTHPLACE OF AMERICAN MEDICINESM

Section on Medicine and the Arts

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 Medicine and the Arts, CPP."**

Mail to:

The College of Physicians of Philadelphia
19 South 22nd 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