



# 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: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Students: Please put your personal email here.

Fellow

New Member

Renewal

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

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

Membership is free for students.

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  
19 South 22<sup>nd</sup> Street  
Philadelphia, PA 19103-3097