CENTRAL OHIO PEDIATRIC SOCIETY

700 Children's Drive
Columbus, OH 43205
(614) 722-5265 - Phone

MEMBERSHIP APPLICATION

Last Name_____First_____MI_____

Office Address_____City_____State_____Zip_____

Home Address_____City_____State_____Zip_____

Office Telephone_____Home Telephone_____

Fax #_____E-Mail #_____

For Mailing: _____ Use Office Address _____ Use Home Address

EDUCATIONAL:

Medical School_____ Year Completed _____

Internship_____ Year Completed _____

Residency_____ Year Completed _____

Other_____ Year Completed _____

SPECIALITY BOARD QUALIFIED:

_____ Year Completed_____

_____ Year Completed_____

SPONSORS: (TWO ACTIVE COPS MEMBERS)

(1)_____

(2)_____

For office use only: 1st reading:
Credentials Committee:
2nd reading:
Dues & Membership Materials Mailed: