

Join A Chapter Only

1. If someone is interested in becoming a chapter member and are not part of National, direct them to this url: <https://www.aap.org/en-us/about-the-aap/chapters-and-districts/Pages/Join-a-Chapter.aspx>
2. Click on the text to join a chapter only.

The screenshot shows the American Academy of Pediatrics (AAP) website. At the top left is the AAP logo with the text "American Academy of Pediatrics" and "DEDICATED TO THE HEALTH OF ALL CHILDREN™". To the right of the logo is a circular seal. Further right are two buttons: "Early Career" (orange) and "Pediatric Trainee" (blue). Below the header is a navigation bar with links: "Professional Resources", "Professional Education", "Advocacy & Policy", "shopAAP", and "About the AAP". Below the navigation bar is a breadcrumb trail: "AAP.org > English > About the AAP > Chapters & Districts > Join a Chapter". Below the breadcrumb trail are social media sharing icons for a, a, print, email, share, f, and t. On the left side of the page is a sidebar menu with links: "AAP Facts", "Departments & Divisions", "Committees, Councils & Sections", "Chapters & Districts" (which is expanded to show "Chapter & District Overview", "Chapters", and "Districts"), "AAP Press Room", "Donate Now", "Corporate Relationships", "Advertise with AAP", and "Help/Feedback". The main content area has the heading "Join a Chapter" followed by a paragraph: "Academy chapters are organized groups of pediatricians and other health care professionals working to achieve AAP goals in their communities. There are 59 chapters in the United States and 7 chapters in Canada. The US chapters generally are drawn along state lines, but two states with large populations (New York and California) constitute more than one chapter. In addition, two chapters serve pediatricians in the uniformed services (east and west, divided by the Mississippi River) and Puerto Rico and the District of Columbia are also separate chapters." Below this paragraph is another paragraph: "Chapter membership offers numerous opportunities for education, leadership, and involvement in state and local advocacy." Below that is a bolded text: "Already an AAP Member? if you don't see your state listed below, click [here](#) to join". Below this is a list item: "• Oregon". At the bottom of the page is a yellow highlighted box with the text: "If you do not qualify for national AAP membership, or would like to join the chapter only, click [here](#) to join."

3. Log in if you have not already and confirm your account:

Step 1: Confirm Account Details	Step 2: Provide Application Details	Step 3: Application Submission
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Confirm Account Information

Before we start your application we would like to confirm that the information you have provided us with is still accurate. We use this information to customize your application to be easier to use.

Account Information

First Name:	Middle Name:	Last Name:	Designation:	Date of Birth:
Jackie		Eggebrecht		07/18/1982

Address Information

Street Address	Street Address 2	City	State	Zip/Postal Code	Country
-		LaPlata	MD	12345	UNITED STATES

Contact Information

Phone	Email
847-434-4000 (7386)	jeggebrecht@aap.org

Does everything look correct?

I need to edit my information.

Everything looks correct.

4. Check off the appropriate “Chapter Affiliate” type:

Chapter Membership

To support the work of local AAP Chapters, chapter dues have been added to your membership application. Chapter membership is voluntary but strongly advisable for you to gain maximum benefit of local efforts to support pediatricians and children. If you would like to join the Oregon chapter, you can do that directly through the chapter by clicking [here](#).

You can join the following chapter(s) associated with your account.

- CH Montana - Chapter Affiliate Senior 0.00
- CH Montana-Chapter Affiliate Medical Student 0.00
- CH Montana - Chapter Affiliate 75.00
- CH Montana - Chapter Affiliate Physician 75.00

You can choose from all available chapters:

5. Sign application and upload any appropriate files. Submit Application

Applicant Signature

I hereby certify that all information recorded on the application and any attached documents are accurate and support my qualifications for membership in the Academy for which I now apply.

Signature: (Please use full name.)

Date

If the Academy learns that any information in your application is untrue, or if circumstances change after the date of application that affect ethical and profession standards, it may be grounds for suspension or revocation of membership. The American Academy of Pediatrics does not adopt any practice, policy, or procedure which would result in discrimination on the basis of race, religion, creed or health status for membership. Cancellation of membership must be submitted in writing and cannot be granted retroactively.

Payment Details

Chapter Dues:

Total Dues:

Upload Files

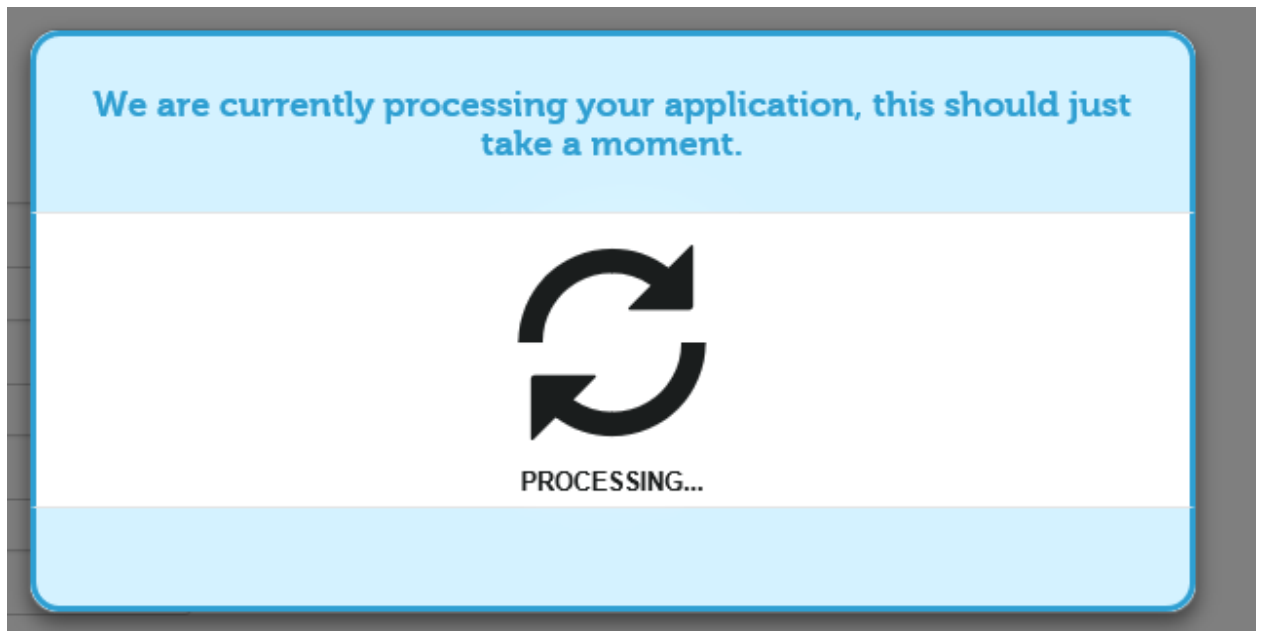
- Maximum Size for Individual files is 10MB, maximum number of files attached is 5.
- File types are limited to: Microsoft Word and Excel, .pdf, and image files (.png,.jpeg,.gif)
- You may hold down the "Ctrl" key while selecting files to upload multiple files at once

Select File(s)



Thank you! Please note your membership will not be activated until we receive full payment and any additional required documentation. If it is determined that you don't meet eligibility requirements, you will be contacted by the AAP Department of Membership.

Submit Application



6. Enter payment information.

Checkout



Or
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Su

Promo Code

Enter your promo code here (Discount may not appear until final checkout).

Payment Method

- Credit Card Checking Account

Pay with Credit Card

Name on Card



Card Number (no spaces)

Expiration Date

CVV



Secure Payment

Credit Card Payment Address

Office 1

[Edit](#)

141 Northwest Point
Blvd,
Elk Grove Village, IL,
60007-1019
UNITED STATES

- + Add Home 1
- + Add Home 2
- + Add Office 2
- + Add Office 3
- + Add Office 4