

PHILADELPHIA RHEUMATISM SOCIETY

APPLICATION FOR PHYSICIAN MEMBERSHIP

Please include a current copy of your Curriculum Vitae with application

Name: _____

Name of Practice/Institution: _____

Business Address: _____
Street Address City State Zip

Business Tel.: _____ **Fax:** _____

Home Address: _____
Street Address City State Zip

Home Tel.: _____ **Home Fax:** _____

E-mail: _____

Medical School: _____ **Year of Graduation:** _____

Internship: _____

Residency, Fellowship Training (Institution and Date) _____

Date of State Licensure: _____

Type of Practice: _____

Reference: (1 member in good standing) _____

Please include with your documents, your check in the amount of \$150, made payable to "Philadelphia Rheumatism Society", and mail to Eileen O'Shaughnessy, 914 S. Clifton Street, Philadelphia, PA 19147.

Membership is limited to physicians who have completed training in Rheumatology and physicians/scientists who are engaged primarily in a field allied to Rheumatology.