

PHILADELPHIA RHEUMATISM SOCIETY

APPLICATION FOR MEMBERSHIP

Please include a current copy of your Curriculum Vitae with application

Name: _____

Business Address: _____

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

Home Address: _____

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.

N.B. Membership is limited to physicians who have completed training in Rheumatology and physicians/scientists who are engaged primarily in a field allied to Rheumatology. Associate memberships are for Allied Health professionals interested in joining the PRS. Industry members are non-physicians or scientists employed by pharma and admission to the Philadelphia Rheumatism Society is at the discretion of the Board.