



# Membership Application

## Member Information

Name: \_\_\_\_\_ Gender: M F  Other Choose not to disclose

DOB: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

One or both of my parents (or whoever raised me) graduated from college Yes No Choose not to disclose

### 2019 Membership- 1/2 price

- Physician — \$170
- Other Fam Med Educator — \$117.50
- Coordinator Member — \$80
- Associate Member — \$80
- International Member — \$80
- Fellow Member — \$62.50
- Resident Member — \$50
- Student Member — \$0

### Race (Check all that apply)

- American Indian or Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black or African American
- White
- I choose not to disclose

### Professional Role (Check all that apply)

- Behavioral/Social Science Specialist
- Coordinator/Admin/Manager
- Dean/Associate Dean
- Department/Vice Chair
- DIO
- Fellow
- Health Educator/Dietician
- Medical Student
- Med. Student Education/Clerkship Dir.
- Med. Student Education Faculty
- Nurse Practitioner
- Nurse/Medical Assistant
- Pharmacist
- Physician Assistant
- Practicing Physician
- Researcher
- Residency Dir./Associate Dir.
- Residency Faculty
- Resident
- Retired
- Other

### 2019 & 2020 Membership

- Physician — \$520
- Other Fam Med Educator — \$357.50
- Coordinator Member — \$240
- Associate Member — \$240
- International Member — \$240
- Fellow Member — \$187.50
- Resident Member — \$100
- Student Member — \$0

### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

### Preferred Mailing Address Home Office

Street Address: \_\_\_\_\_

Suite/Apt. \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Method of Payment

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Type: Visa AMEX

Billing Address: \_\_\_\_\_ Mastercard Check

\_\_\_\_\_ Email Receipt to: \_\_\_\_\_

**Mail:** Society of Teachers of Family Medicine, 11400 Tomahawk Creek Parkway, Suite 240, Leawood, KS 66211

**Fax:** 913.906.6096 **Email:** stfmoffice@stfm.org **Questions?** Contact STFM at 800.274.7928