



teach & transform

# Membership Application

## Member Information

Name: \_\_\_\_\_ Gender:  M  F  Other  Choose Not to Disclose

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

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

### 2020 Membership - 1/2 Price

- Physician — \$175
- Other Fam Med Educator — \$120
- 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
- Choose Not to Disclose

### Professional Role? (Check all that apply.)

- Behavioral/Social Science Specialist
- Coordinator/Admin Staff
- Department Chair
- Fellow
- Health Educator/Dietician
- Medical Student  
- Anticipated Graduation Date \_\_\_\_\_
- Medical Student Education Director/  
Clerkship Director
- Medical Student Education Faculty
- Nurse Practitioner
- Nurse/Medical Assistant
- Pharmacist
- Physician Assistant
- Practicing Physician
- Researcher
- Residency Director
- Residency Faculty
- Resident  
- Anticipated Graduation Date \_\_\_\_\_
- Retired
- None of the above

### 2020-2021 Memberships (Combined)

- Physician — \$535
- Other Fam Med Educator — \$365
- Associate Member — \$245
- International Member — \$245
- Fellow Member — \$187.50
- Resident Member — \$100
- Student Member — \$0

### Ethnicity

- Hispanic, Latino
- Not Hispanic or Latino

Preferred Mailing Address  Home  Office

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

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

## Method of Payment

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

Card Holder's Name: \_\_\_\_\_ Card Type:  Visa/Mastercard  AMEX  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](mailto:stfmoffice@stfm.org) **Questions?** Contact STFM at 800.274.7928