I, ____________________________, being a Fellow/Specialty Fellow in good standing of the American Academy of Pediatrics, would like to recommend the following applicant for membership.

Applicant's name: _______________________________________________________

City and State/Province: ____________________________________________________

To the best of my knowledge, the applicant meets the qualifications for Section/Council Membership or Section Affiliate Membership as stated in the AAP Bylaws. I have known the applicant for ________ (years) in the following relationship:

____________________________________________________
(teacher/colleague/partner, etc.)

Comments regarding applicant's qualifications and activities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed ________________________________________________________________

Date ___________________________ AAP ID# __________________________

This form should be mailed or faxed to the following address:

AAP, Membership and Data Services
Attn: Kate Price
345 Park Blvd
Itasca, IL 60134
(f): 847. 228.7035
(p): 866.843.2271