



SPONSOR STATEMENT

I, _____, being a Fellow/Specialty Fellow in good standing of the American Academy of Pediatrics, desire to sponsor the following applicant:

Applicant's name:

City and State/Province:

To the best of my knowledge, the applicant meets the qualifications for Section 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 Operations & Data Services
345 Park Blvd.
Itasca, IL 60143
Fax: 847-228-7035

If you are unsure of your eligibility to sponsor an applicant, call 800-433-9016.