Membership Application

SOAP
Society for Obstetric Anesthesia and Perinatology

6737 West Washington Street
Suite 4210
Milwaukee, WI 53214
Phone: *414-389-8611*
Fax: *414-276-7704*
Email: *info@soap.org*

Please print or type. Please complete all sections.

I hereby make application for:

- ❑ Active Membership (M.D., D.O., M.B.B.S.) $250.00
- ❑ Associate Membership (Physicians or scientists not engaged in administering clinical anesthesia, CRNA, AA) $250.00
- ❑ Retired Membership $65.00
- ❑ Medical Student Membership* ..... Complimentary
- ❑ Resident Membership❖ ..... Complimentary
- ❑ Fellow Membership* ..... Complimentary

Residency/Fellowship ends: month _____ year ____

$_____ **Total Membership Amount**

** To receive complimentary membership for a Medical Student, Resident or Fellow you **MUST COMPLETE & RETURN FORM** accordingly.*

❖ If Resident Membership, need Program Director's signature: _____

As a member of SOAP, you can obtain $20 off a membership with the IARS. Use the discount code **SOAP2018** when signing up for an IARS membership (www.iars.org/membership).

Additional Subscriptions:

❑ OAD- $80.00 ❑ OAD International- $90.00 (For International Members ONLY)

❑ IJOA- $120.00

$_____ **Total Subscription Amount**

Last First Middle Initial

❑ M.D. ❑ D.O. ❑ M.B.B.S. ❑ Other:_____ Date of Birth:_____

Preferred Mailing Address: ❑ Home ❑ Business

University/Hospital

Business Mailing Address

City State/County ZIP/Postal Code

Phone Fax Email

Home Mailing Address

City State/County ZIP/Postal Code

Specialty: ❑ Anesthesia ❑ OB ❑ Peds ❑ Other_____ Board Certification: ❑ Yes ❑ No

Type of Practice: ❑ Academic ❑ Private, # of partners/colleagues _____ ❑ Other _____

Interest in OB Anesthesia (check all that apply): ❑ High Risk ❑ Pain Control ❑ Administrative ❑ Research ❑ Perinatology ❑ Education ❑ Other _____

I am also a member of: ❑ ASA ❑ AMA ❑ NASOM ❑ SMFM ❑ ACOG ❑ AAP ❑ Other _____

Donation to the SOAP Endowment Fund - this contribution is tax deductible.

❑ Bronze Level - $25.00 ❑ Silver Level - $50.00 ❑ Gold Level - $100.00 ❑ Gertie Marx Patron Level - $250.00 ❑ Other:_____

If you wish to donate another amount, please contact the SOAP office at 414-389-8611.

Payment Options

$_____ **SOAP Endowment Fund**

$_____ **Total Enclosed**

❑ Check or Money Order (made payable in U.S. dollars to the Society for Obstetric Anesthesia and Perinatology)

❑ Visa ❑ MasterCard ❑ Discover ❑ AMEX

Credit Card Number Expiration Date

Name on Card Signature