

JOIN NOW!

YOUR membership allows us to continue our goals of providing award winning, quality programming to health care professionals in our region, as well as sustaining our philanthropic efforts in supporting medical students, residents and fellows.

By **PARTNERING** with the Society, your commitment is a testament to our efforts and mission: to educate, communicate and engage healthcare professionals in the provision of quality health care for the elderly.

Please complete the membership application and return to **PAGS-WD** by email to:

etaylor@acms.org. You will receive an invoice with a secure link for credit card processing or you may submit the invoice along with a check to the address on the invoice.

Indicate the level you wish to join:

- **Physicians - MD, DO**
1-Year Membership: \$75 2-Year Membership: \$140
- **Allied (all healthcare professionals, including):** Physician Assistant, Pharmacist, Nurse, Social Worker
1-Year Membership: \$50 2-Year Membership: \$90
- **Resident/Fellow** - Complimentary membership for the length of training.
You must complete the Resident information below to be eligible.
- **Student** - Complimentary membership
- **Post-Doctoral**
1-Year Membership Fee: \$25

Resident Information: Please complete if you are applying under the Resident Fee.

Resident/Fellow Year: Start date End date
Resident/Fellow Program (Institution)

Membership Information

Name	Title	DOB
Email	Preferred Address:	Business Home

Business Address

Company

Address

City State Zip

Phone Secondary Email

Home Address

Address: City St Zip

Payments and/or Questions can be directed to:
Eileen Taylor, Administrator 850 Ridge Ave Pittsburgh PA 15212
Phone 412/321-5030 ♦ Email etaylor@acms.org