

Council on Environmental Health

Membership Application

Overview

Thank you for your interest in the Council on Environmental Health (COEH), the new Academy home for AAP members interested in and concerned about pediatric environmental health.

The COEH advises the AAP Board of Directors on issues pertaining to environmental health and toxic exposure. Council-authored policy statements address issues such as radiation disasters, air pollution, lead screening, and secondhand smoke. The council supports legislative initiatives designed to protect the health of the fetus, infant, and child from debilitating or hazardous environmental agents. The council also leads educational initiatives related to children's environmental health, including development of the Academy's landmark *Pediatric Environmental Health* manual, currently in its second edition.

Membership is currently open to all AAP Fellows and Residents located in the US and Canada. The Council is led by a nine-member Executive Committee, elected by and from within the Council's general membership.

Benefits of Membership

By joining the Council, you can: Network with your colleagues to ensure high-quality healthcare for infants, children, adolescents, and young adults. Assist in the development of AAP continuing medical education programs. Contribute to the development of environmental health publications, statements, and other materials for both pediatricians and the public. Participate in advocacy at the state and federal level. Help shape and influence Academy and public policy. Share knowledge with colleagues via electronic communications, newsletters, and business meetings. Develop and exercise leadership skills. Increase the visibility of pediatric environmental health concerns and issues within the Academy.

To Join

Current AAP members may be able to join the Council through the online application process (<http://www.aap.org/moc/memberservices/sectionform.cfm>), or by completing and returning this form.

Contact Information

Name: _____

City & State: _____

AAP ID Number: _____

Phone: _____ Email: _____

Payment Information

The Council on Environmental Health annual dues are \$30. I will convey this payment:

_____ by enclosed check

_____ by Visa MasterCard AmEx Discover

Cardholder Name: _____

Card #: _____

3-digit CVV# located on signature space on back of card: _____

Expiration Date: _____

Signature: _____ Date: _____

Optional Information

This information will remain confidential and will be used by the AAP Department of Membership for internal purposes only.

Ethnic/Cultural Group:

- Native American or Alaskan Native
- Asian or Pacific Islander
- African-American / Black
- Hispanic
- Other

Primary Practice/ Position Area:

- Urban Non Inner City
- Urban Inner City
- Rural
- Suburban
- Other

Primary Employment Setting:

- Solo/Two-Physician Practice
- Pediatric/Multispecialty Group Practice
- Staff Model HMO
- Medical School or Patient University
- Government Hospital/Clinic
- Non Government Hospital/Clinic

Typical Work Week/
Number of Hours Spent
In each area:

- _____ Academic Medicine
- _____ Administration
- _____ Direct Patient Care (other than self-employed)
- _____ Direct Patient Care (self-employed)
- _____ Fellowship Training
- _____ Other
- _____ Research
- _____ Resident
- _____ Temporarily not in Practice

Return Completed Application To

AAP Division of Member Services
141 Northwest Point Blvd.
Elk Grove Village, IL
60009-0596

Phone: (800) 433-9016
Fax: (847) 228-7035
Web site: www.aap.org

American Academy
of Pediatrics



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