



*Advancing Family Medicine to Improve Health  
Through a Community of Teachers and Scholars*

## Associate Membership Application—\$140

*Any part-time family medicine teacher or community preceptor who devotes no more than 10 hours per week or 3 months per year to a family medicine program. This category also applies to physicians in private practice.*

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Preferred Mailing Address  Office  Home

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Medical School  Residency Affiliation

### Setting:

University  Community Hospital  Other \_\_\_\_\_

### Major Professional Role (check one):

Residency Education  Medical Student Education  Administration

Clinical Practice  Research

Other \_\_\_\_\_

### Method of Payment

My check is enclosed (*made payable to STFM in US funds*)

Please charge my credit card as follows:  Visa  Mastercard  AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_