



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

## Active Nonphysician Membership Application—\$210

*Any nonphysician who is in a teaching position or is actively involved in the organization, administration, or promotion of family medicine*

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 \_\_\_\_\_