



# Membership Application

## Lifetime Membership for Physicians—\$2,500

The Lifetime membership category provides full membership with voting rights to members who reach 60 years of age. There is no time frame for membership required before you can become a lifetime member. Those who join as a Lifetime Member have no further membership dues in their lifetime.

### Member Information

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I would like to receive occasional text alerts about upcoming membership activities and STFM events

Institution: \_\_\_\_\_

### What is your academic emphasis? (check all that apply)

Residency Education  Medical Student Education

I am not involved in the education of residents or students

**Preferred Mailing Address**  Home  Office

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov. \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Method of Payment

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Type:  Visa/Mastercard

Email Receipt to: \_\_\_\_\_  AmEx

Check

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**Email:** seggers@stfm.org

**Questions?** Contact Sarah Eggers at 913-906-6000 x 5409