



MEMBERSHIP FORM

All prospective members of PDMPA are required to complete this registration form. Membership runs from March 1st - February 28/29th each year. Please print clearly.

- NEW MEMBERSHIP**
 LAPSED / RENEWAL MEMBERSHIP
 GRANDFATHER prior to Jan. 2021
 CHANGES Member Status / Provider Directory (circle)

SECTION 1: MEMBER CONTACT INFORMATION

Today's Date: _____

TITLE	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
FULL NAME			
CREDENTIALS FOLLOWING NAME			MOBILE PHONE
ADDRESS			HOME PHONE
TOWN / CITY / ZIP			PRIMARY EMAIL
OCCUPATION			SECONDARY EMAIL
DATE OF BIRTH			REFERRED BY

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBERSHIP LEVEL	MEMBERSHIP DESCRIPTION	ANNUAL DUES	✓
FULL	Providers from schools of medicine, dentistry, pharmacy, nurse practitioners, physician assistants and allied health professionals who have been licensed by the state to diagnose and treat medical or mental health conditions. This also includes military personnel who have any state license and have met the required financial commitment.	\$200	
ASSOCIATE / STUDENT	Interns, residents, allied health professionals who hold no less than a bachelors level degree, and interested professional or health related fields who have submitted an application to the Credentials and Nominating Committee; and have been approved by the corporation at a regular meeting may be associate members. Persons recently completing training may also apply for associate membership for up to six months. Note: No fee for Interns and Residents while in residency.	Allied Health Professionals \$100 Interns and Residents \$0	
HONORARY	Honorary membership may be conferred on an applicant of outstanding merit who has met criteria for membership in the past and has been recommended by the Executive Board; and approved by the members at a regular meeting. Honorary members may not vote or hold office.	\$0	
PAYMENT METHOD	<input type="checkbox"/> Check via US Postal Service to: PDMPA, 1937 W Palmetto Street, #342, Florence, SC 29501 <input type="checkbox"/> PayPal at Paypal.me/PDMPA Note: Regardless of payment method, <u>send membership form and CV</u> to pdmpamembers@gmail.com and copy pdmpa.treasurer@gmail.com		

SECTION 3: MEMBER PREFERENCES

Current PDMPA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Receive PDMPA information: <input type="checkbox"/> Yes <input type="checkbox"/> No Find me on Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No Find me here: _____
PDMPA Committees Please indicate if you would be willing to serve on a committee: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time <input type="checkbox"/> Send me more information Is there a specific committee you would like to serve on? Please name: _____
Permission to use photographic images: Photographs of PDMPA members both group and individual may be used in various PDMPA communications (i.e., Newsletter, website, social media, general marketing). For individual photographs, please indicate your permission for use: <input type="checkbox"/> PDMPA has my permission to use and identify photographs of me. <input type="checkbox"/> PDMPA does not have permission to use and identify photographs of me.

For Nominating/Credentialing, Treasurer and Communications use only:

PDMPA Treasurer	Payment Rec'd Date:	<input type="checkbox"/> Check # <input type="checkbox"/> PayPal	Signature:
Nominating / Credentialing Committee	Form & CV Rec'd Date:	Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Signature:
Member Communications	Approval Rec'd Date:	<input type="checkbox"/> Add to PDMPA communications <input type="checkbox"/> Welcome Announcement <input type="checkbox"/> Directory Invitation <input type="checkbox"/> Social Media <input type="checkbox"/> Order Member items <input type="checkbox"/> Other _____	
Notes:			