MEMBERSHIP APPLICATION

Name_____________________________ Credentials_____________________

Institution________________________________________________________________________

Address______________________________________________________________________________

City__________________Prov/State___________Country_________PC/Zip___________

Phone_________________________ E-mail _____________________________________________

TELL US ABOUT YOURSELF

Date of Birth: _____ / ____ / ____

Gender Identity (Select all that apply):
O Female/Woman O Male/Man
O Genderqueer/Gender non-conforming O Non-binary
O Prefer to self-describe O Choose To Not Describe

Race or Ethnicity (Which of the following best defines your race or ethnicity? Select all that apply):
O American Indian/Alaskan Native/Indigenous O Asian
O Black/African American O Hispanic/Latino/Of Spanish Origin
O Middle Eastern/North African O Native Hawaiian/Other Pacific Islander
O Prefer Not to Disclose O White

There is also a definition of Underrepresented in medicine:
Underrepresented in medicine (URM) means those racial and ethnic populations that are underrepresented in the medical professional relative to their numbers in the general population (Black/African American, Hispanic/Latino/Of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities*)
*Vietnam, Cambodia, Indonesia, and Laos

I self-identify as URM: O Yes O No

VOLUNTEER OPPORTUNITIES

Would you like to review abstracts for future conferences? O Yes O No
MEMBERSHIP TYPES

| O Physician                  | $330 |
| O Other Primary Care Researcher | $330 |
| O Fellow                     | $110 |
| O Resident                   | $65  |
| O Graduate Student w/ Terminal Degree | $40  |
| O Student                    | $20  |
| O Patient/Community Member   | $25  |

NAPCRG offers Life Memberships for members who are age 60+. This one-time membership fee is $1,500 for physicians and for other researchers. Contact napcrgoffice@napcrg.org to become a Life member.

NAPCRG Other Info

What is your NAPCRG role?
- O Administrator
- O Fellow
- O Practicing Physician
- O Resident
- O Other
- O Faculty
- O Graduate Student
- O Researcher
- O Student

Are you a research director? O Yes O No

PAYMENT INFORMATION

O MasterCard O Visa O American Express O Check (Make check payable to NAPCRG)

Card Number__________________________Exp Date_______CCV_______Total Fees: $__________

Cardholder______________________________Signature:____________________________________

Billing Address______________________________

US and Canadian dues paying NAPCRG members may deduct dues payments as a business expenditure on individual income taxes. This means that 100% of NAPCRG’S dues are tax deductible for US and Canadian NAPCRG members as a business expenditure dues are paid using personal funds.

RETURN COMPLETED APPLICATION:
North American Primary Care Research Group, 11400 Tomahawk Creek Parkway, Suite 240, Leawood, Kansas 66211