



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):

- Female/Woman
- Genderqueer/Gender non-conforming
- Prefer to self-describe
- Male/Man
- Non-binary
- Choose To Not Describe

Race or Ethnicity (Which of the following best defines your race or ethnicity? Select all that apply):

- American Indian/Alaskan Native/Indigenous
- Black/African American
- Middle Eastern/North African
- Prefer Not to Disclose
- Asian
- Hispanic/Latino/Of Spanish Origin
- Native Hawaiian/Other Pacific Islander
- 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: Yes No

VOLUNTEER OPPORTUNITIES

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

MEMBERSHIP TYPES

<input type="radio"/> Physician	\$330
<input type="radio"/> Other Primary Care Researcher	\$330
<input type="radio"/> Fellow	\$110
<input type="radio"/> Resident	\$65
<input type="radio"/> Graduate Student w/ Terminal Degree	\$40
<input type="radio"/> Student	\$20
<input type="radio"/> 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?

- | | |
|--|--|
| <input type="radio"/> Administrator | <input type="radio"/> Faculty |
| <input type="radio"/> Fellow | <input type="radio"/> Graduate Student |
| <input type="radio"/> Practicing Physician | <input type="radio"/> Researcher |
| <input type="radio"/> Resident | <input type="radio"/> Student |
| <input type="radio"/> Other | |

Are you a research director? Yes No

PAYMENT INFORMATION

MasterCard Visa American Express 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