



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):

- | | |
|---|--|
| <input type="radio"/> Female/Woman | <input type="radio"/> Male/Man |
| <input type="radio"/> Genderqueer/Gender non-conforming | <input type="radio"/> Non-binary |
| <input type="radio"/> Prefer to self-describe | <input type="radio"/> Choose To Not Describe |

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

- | | |
|---|--|
| <input type="radio"/> American Indian/Alaskan Native/Indigenous | <input type="radio"/> Asian |
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino/Of Spanish Origin |
| <input type="radio"/> Middle Eastern/North African | <input type="radio"/> Native Hawaiian/Other Pacific Islander |
| <input type="radio"/> Prefer Not to Disclose | <input type="radio"/> 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

MEMBERSHIP TYPES

<input type="radio"/> Physician	\$335
<input type="radio"/> Other Primary Care Researcher	\$335
<input type="radio"/> Fellow	\$115
<input type="radio"/> Resident	\$70
<input type="radio"/> Graduate Student w/ Terminal Degree	\$45
<input type="radio"/> Student	\$25
<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 ngross@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 Departmental Research Director? Yes No

This question is intended to help identify the person serving as the lead of research efforts within a department of family medicine to create a community for these individuals.

PAYMENT INFORMATION

MasterCard Visa American Express Check (Make check payable to NAPCRG) Invoice/payment link

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 or email to napcrgoffice@napcrg.org.