IAPFS
International Association of Pediatric Feeding and Swallowing

International Association for Pediatric Feeding and Swallowing

700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237
Website: www.iapfs.org • Email: admin@iapfs.org • Phone: 412-366-5417 • Fax: 412-366-8804

IAPFS MEMBERSHIP APPLICATION

Membership Year is January 1 to December 31

Member Information

Name: ______________________ **Credentials:** ______________

Address: ______________________________________

____

City: ______________ **State:** ______________ **Zip:** ________

Country: ______________ **Cell #:** ______________

Home #: ______________ **Work #:** ______________

Email: ______________ **Year of Birth:** ______________

❑ Exclude my email from the IAPFS Listserv.
❑ Exclude my contact information from the IAPFS Member Directory.
❑ Include my information in the Public Referral Directory.

How did you hear about us?
❑ Colleague
❑ Friend
❑ Google Search
❑ Other (please specify): ________

Employer/University: ______________________________________

Position/Title: ______________________________________

Licenses: ______________________________________

Certifications: ______________________________________

Membership Dues

❑ **Full Member $60**

Full member shall be any credentialed professional or clinician who works in the field of pediatric feeding disorders.

❑ **Student Member**
(First Year Free/Second Year $35)

Student member shall be any individual who presents evidence of currently being in a program of study in the field of pediatric feeding disorders.

University: ______________________

Classification:
❑ Undergraduate
❑ Masters
❑ Doctoral
❑ Other: ______________________

Discipline of Study for Students:
❑ Board Certified Behavior Analyst
❑ Dietician
❑ Diet Technician
❑ Feeding Specialist/ Therapist
❑ Manager/Administrator
❑ Nurse
❑ Nurse Practitioner
❑ Physician
❑ Physician Assistant
❑ Physical Therapist
❑ Psychologist
❑ Occupational Therapy
❑ Speech-Language Pathologist
❑ Other ________

Work Setting

❑ Feeding Disorder Center
❑ Hospital
❑ Outpatient Clinic
❑ Natural Environment (ages 0-3 years)
❑ Private Practice/Consultant
❑ Public Health/Home Health
❑ School System
❑ University/Higher Education
❑ Other ______________________

Become Involved

Areas of Interest:
❑ Membership Committee
❑ Communications Committee
❑ Research and Education Committee
❑ Special Topics in Practice Committee

Please see the attached letter or visit www.iapfs.org for committee descriptions.

Discipline

❑ Board Certified Behavior Analyst
❑ Dietician
❑ Diet Technician
❑ Feeding Specialist/Therapist
❑ Manager/Administrator
❑ Nurse
❑ Nurse Practitioner
❑ Physician
❑ Physician Assistant
❑ Physical Therapist
❑ Psychologist
❑ Occupational Therapy
❑ Speech-Language Pathologist
❑ Other ______________________

Payment Options

Renew Online - Visit www.iapfs.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the IAPFS Office with your method of payment.

❑ Check (payable to IAPFS)

❑ Visa ❑ MasterCard ❑ Discover ❑ Amex

x ______________________________
YOUR SIGNATURE

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE
