

WHY SHOULD YOU JOIN GNOPS TODAY?

1. Established fifty years ago, the Greater New Orleans Pediatric Society (GNOPS) continues to make a difference in the lives of children in the Greater New Orleans area. Its purpose is to encourage the study of pediatrics, to improve the health status of children through education and community projects, and to uphold the standard of pediatric practice.
2. The Greater New Orleans Pediatric Society holds three excellent educational programs, which feature presentations by local and nationally recognized speakers on a variety of topics, at local restaurants. There is no fee for GNOPS members to attend.
3. Get Involved! You have the opportunity to serve on the GNOPS board or join a committee.
4. The GNOPS web site, www.gnops.org, provides up-to-date information on events and valuable links to other organizations. The Society increased communication between the Society and its members by implementing an electronic newsletter which provides current information on upcoming GNOPS programs and legislative activity.
5. An excellent opportunity to meet and share information with your colleagues from across the Greater New Orleans area.



Stay current. • Get involved. • Network with your peers.

For additional information, please contact Janna Pecquet,
GNOPS Executive Director, at 504-569-9516 or janna@gnops.org

see reverse for more information

Application For Membership

Date: _____ Date of Birth: _____

Name: _____

Office Address: _____

Office Phone: _____

Office Fax: _____

Email Address: _____

Home Address: _____

Home Phone: _____

Pre-med education: _____

Medical Education: _____

Year of Graduation: _____ Licensure Date: _____

Any Sub-specialty (specify): _____

Hospital Staffs *(dates & locations)*

Fellowship in American Academy of Pediatrics?

____ Yes ____ No Dates: _____

Certified by American Board of Pediatrics?

____ Yes ____ No Dates: _____

Eligible for American Board of Pediatrics?

____ Yes ____ No Dates: _____

Other Board Certification of Eligibility (specify):

Practice limited exclusively to children and adolescents?

____ Yes ____ No

Signature of Applicant: _____

PAYMENT INFORMATION

Membership dues are \$100 per year for active members. Please make check payable to the GNOPS and mail completed application and check to 400 Poydras, Suite 1350, New Orleans, LA 70130.

Personal Check _____

Credit Card

Circle one: Visa MasterCard American Express

Card #: _____

Expiration Date: _____

Signature: _____

Total Amount: \$ _____

Billing Address: _____

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