



# ASSOCIATION OF RINGSIDE PHYSICIANS

## Membership Invoice

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Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### ANNUAL MEMBERSHIP DUES:

**Physician Member: \$300.00**

*Offered to any MD or DO*

**Physician Member - Certified with Malpractice**

**Insurance: \$450.00**

**Physician Member - Not Certified with Malpractice**

**Insurance: \$600.00**

**Medical Student/Resident Member: \$50.00**

*Offered to all medical students, or individuals in their internships or residencies.*

**Associate Member: \$100.00**

*Offered to Commission members and staff, attorneys.*

**Allied Healthcare Professional Member: \$100.00**

*Offered to physician assistants, EMT's, paramedics, nurses, nurse practitioners, athletic trainers, and chiropractors, and other paramedical personnel the board deems appropriate.*

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### PAYMENT OPTIONS:

Join/Renew Online at [www.RingsideARP.org](http://www.RingsideARP.org)

Check # \_\_\_\_\_

Credit Card    Visa    MasterCard    Discover

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send your payment to:**

**Association of Ringside Physicians • 4300 Duraform Lane • Madison, WI 53598**