Sustaining Membership Application

To join PRN, please print out this application and return it with your payment (credit card or check payable to Physicians for Responsible Negotiation) to: PRN 515 N. State St., 13th Floor; Chicago, IL 60610.

Last Name First Name Middle Initial

Address City State Zip

Phone Fax

Email address

Institution Awarding MD or DO Degree Year

Specialty (if applicable)

My signature on this application confirms my understanding that, as a Sustaining Member or Medical Student Supporter of PRN, I am not currently expecting PRN to represent me for purposes of collective bargaining and, thus, I am not currently eligible to participate in the governance of PRN.

Signature Date

Please check one:

_____ ***Sustaining Physician Membership - $50 annually***
_____ ***Sustaining Resident-Physician Membership - $25 annually***
_____ ***Medical Student Supporter - $25 annually***

Please charge my Visa _____ Mastercard _____

Account Number: _____

Expiration Date: _____

Cardholder Signature: _____

PRN Physicians for Responsible Negotiation