



2026 MEMBERSHIP & DIRECTORY REPLY

NAME: _____

CREDENTIAL/AFFILIATION: _____

EMAIL: _____

PHONE: _____ I consent to receive text/SMS messages from AAPLOG

ADDRESS: _____

CITY: _____ STATE: _____

COUNTRY: _____ POSTAL/ZIP CODE: _____

\$ _____ Yes! Sign me up for 2026 AAPLOG membership (Active through Jan 15, 2027)

___ Yes ___ No I agree with the AAPLOG mission statement <https://aaplog.org/misson>

- Membership options: \$10,000 Lifetime Member, \$350 Practicing Physician, \$250 Family Medicine Physician, \$175 Retired Physicians, \$175 Other Healthcare Professionals, \$100 Retired Other Healthcare Professionals, \$175 Organizational Membership, \$0 Associate Membership, \$0 Medical Students or Other Healthcare Professional Students or Resident Physicians in Training.

After July 15, your dues amount will be prorated based on the date you join before January. Please contact Cathy@aaplog.org to get the amount owed. This does not apply to renewals.

\$ _____ My tax-deductible gift to AAPLOG

\$ _____ Total of check

PLEASE LIST MY OFFICE INFORMATION IN THE AAPLOG FIND A PHYSICIAN DIRECTORY (for U.S. based practicing physicians, some other medical professionals, PCCs, and pro-life organizations)

___ Use Contact Information Listed Above ___ Use Contact Information Listed Below

PHONE: _____

PRACTICE NAME OR ORGANIZATION: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

OFFICE WEBSITE: _____

SPECIALTY: _____

I'd like to refer these colleagues to AAPLOG (please provide name and contact info on the back)

To renew your membership online, please go to aaplog.org/renew Questions? Please contact Cathy Deeds at 202-230-0997 or Cathy@aaplog.org

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www.AAPLOG.org