

NAPCRG Membership Application

Name: _____ Credentials: _____

Institution/Organizational Affiliation: _____

Address: _____

City: _____ Prov/State: _____ Country: _____ PC/Zip: _____

Phone: _____ E-mail: _____

Tell Us About You

Date of Birth: ____/____/____

Gender Identity (Select all that apply):

- | | |
|---------------------------------------------------------|----------------------------------------------|
| <input type="radio"/> Female/Woman | <input type="radio"/> Male/Man |
| <input type="radio"/> Genderqueer/Gender non-conforming | <input type="radio"/> Non-binary |
| <input type="radio"/> Prefer to self-describe | <input type="radio"/> Choose To Not Describe |
- _____

Race or Ethnicity (Which of the following best defines your race or ethnicity?

Select all that apply):

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="radio"/> American Indian/Alaskan Native/Indigenous | <input type="radio"/> Asian |
| <input type="radio"/> Black/African American | <input type="radio"/> Hispanic/Latino/Of Spanish Origin |
| <input type="radio"/> Middle Eastern/North African | <input type="radio"/> Native Hawaiian/Other Pacific Islander |
| <input type="radio"/> Choose To Not Describe | <input type="radio"/> White |

There is also a definition of Underrepresented in medicine:

Underrepresented in medicine (URM) means those racial and ethnic populations that are underrepresented in the medical professional relative to their numbers in the general population (Black/African American, Hispanic/Latino/of Spanish Origin, American Indian/Alaska Native/Indigenous, Native Hawaiian/other Pacific Islander, and certain Asian ethnicities*)

*Vietnam, Cambodia, Indonesia, and Laos

I self-identify as URM:

- ☐ Yes
☐ No
☐ Choose To Not Describe

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Membership Categories

<input type="radio"/> Physician	\$335
<input type="radio"/> Other Primary Care Researcher	\$335
<input type="radio"/> Fellow	\$115
<input type="radio"/> Resident	\$70
<input type="radio"/> Graduate Student w/ Terminal Degree	\$45
<input type="radio"/> Student	\$25
<input type="radio"/> Patient/Community Member	\$25

NAPCRG offers Life Memberships to members aged 60 and older. This one-time membership is available for a flat fee of \$1,500, applicable to both physicians and other researchers. To join as a Life Member or learn more, please contact ngross@napcrg.org.

Other Information

What is your NAPCRG role?

- | | |
|--------------------------------------------|----------------------------------------|
| <input type="radio"/> Administrator | <input type="radio"/> Faculty |
| <input type="radio"/> Fellow | <input type="radio"/> Graduate Student |
| <input type="radio"/> Practicing Physician | <input type="radio"/> Researcher |
| <input type="radio"/> Resident | <input type="radio"/> Student |
| <input type="radio"/> Other | |

Are you a Departmental Research Director? ☐ Yes ☐ No

This question is intended to help identify the person serving as the lead of research efforts within a department of family medicine to create a community for these individuals.

Payment Information

Email a completed form to napcrgoffice@napcrg.org. We will provide a secure link for payment and invoice if you would like to pay by check.

