

JOIN OUR PHYSICIAN COMMUNITY

"Joining PNHP has made a huge impact on my life, and it can do the same for you. Not only did I learn a great deal about the only real solution to our health care crisis (a single-payer national health program) but I became part of a community of physician colleagues who genuinely share my values."

DR. SUSAN ROGERS
PNHP Past President



SIGN UP FOR EMAIL ALERTS



 pnhp.org



@pnhp



@singlepayerdocs



/doctorsforsinglepayer



JOIN PNHP AND RECLAIM YOUR PROFESSIONAL AUTONOMY

Physicians for a National Health Program

Fighting for a single-payer system that
respects physicians and delivers high-
quality health care for **EVERYBODY**



WE UNDERSTAND

HEALTH CARE IS IN CRISIS

You became a physician because you wanted to help people—and now you have insurance companies telling you how to care for patients, drug companies making their treatment unaffordable, and health systems cutting costs at every turn. We get it. Your struggle is our struggle.

We're fighting for a single-payer health care system that puts patients over profits

BUILDING PHYSICIAN POWER



CHALLENGING CORPORATE MEDICINE

We push back against insurance corporations that delay and deny medically necessary care.

Our values stem from our 25,000+ physician members fighting for their patients!



MOVING MEDICAL SOCIETIES

We organize single-payer member interest groups and introduce resolutions in support of ambitious reforms. We need these institutions to be truly representative!



INFLUENCING POLICYMAKERS

We publish groundbreaking research and policy proposals that help shape the U.S. health care debate. Our single-payer proposal was the basis for the federal Medicare for All Act!



BECOME A MEMBER

JOIN PNHP TODAY

Name: _____

Address: _____

City / State / Zip: _____

Email: _____

Cell Phone: _____

Specialty: _____

MEMBERSHIP LEVEL

- ☐ Physician (\$250/year)
- ☐ Early-career physician (\$150/year)
- ☐ Low-income physician (\$50/year)
- ☐ Resident / Fellow (\$50/year)
- ☐ Health justice activist (\$50/year)
- ☐ Student (FREE) — graduation year: 20____

PAYMENT INFORMATION

- ☐ Check enclosed (payable to PNHP)
- ☐ Credit card

CC#: _____

Exp. Date: ____ / ____ Sec. Code: ____

Dues and contributions to PNHP are tax-deductible under section 501(c)(3) of the IRS code

Please mail this registration card to:



29 E. Madison St., Ste. 1412, Chicago, IL 60602

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