



American Academy of Physician Assistants ♦ 950 N. Washington Street, Alexandria, VA 22314-1552
 703/836-2272 ♦ Fax 703/684-1924 ♦ E-mail aapa@aapa.org ♦ Web site www.aapa.org



Dear Potential NYSSPA Member:

At the same time you join the New York State Society of PAs I'd like to invite you to join AAPA as well. For new AAPA Fellow members I have waived the \$15 processing fee so that you only pay the \$215 annual dues. For students, I have taken \$5 off your one year dues and you only pay \$45. Take a moment now to complete the AAPA application below and return it before the deadline of August 31, 2003 in order to take advantage of the savings.

Membership is a professional investment. The value of that investment is clear from the benefits and services you receive. But beyond that, membership provides you with outstanding networking opportunities and access to the very latest information about your chosen profession. Start the new year right. Show your support and join with more than 35,000 of your colleagues in the organizations that represent the interests of physician assistants.

Sincerely,

Don't Delay - Join NYSSPA and AAPA Today!

Edd Farrell
 Director, Membership Promotion & Marketing

AAPA Membership Application

Membership Categories (Choose only ONE category.)

Fellow Dues: \$215 (membership expires 1/31/04) + \$15⁰ (application fee) = ~~\$230~~ **\$215**
NYSSPA nonmember PAs only
A graduate of a PA program accredited by ARC-PA or a predecessor agency or NCCPA-certified.

PA Program Attended _____ Graduation Date (month & year) _____ NCCPA Certificate # _____

Fellow members are represented in the AAPA House of Delegates according to the chapter they choose to represent them. Choose one chapter below:

Chapter in state of my mailing address Naval Association of PAs
 Chapter in another state. Society of Air Force PAs
 Specify state: _____ Society of Army PAs
 Specialty Organization (ie. Society of PAs in Pediatrics) Public Health Service Academy of PAs
 Specify organization: _____ Veteran Affairs PA Association

Student
A person who is enrolled and has at least 3 months remaining in a ARC-PA-accredited program (Call 703/836-2272, ext. 3350 with questions.)

PA Program (School) Attending _____ Anticipated Graduation Date (month & year) _____

\$45 SEMPA nonmember PA students only
 Dues: \$60 (membership expires 1/31/04. To qualify, you must graduate after 5/03)
 \$80 (membership expires 1/31/05. To qualify, you must graduate after 5/04.)
 \$120 (membership expires 1/31/06. To qualify, you must graduate after 5/05)

Note: In accordance with Article III, Section 12 of the AAPA Bylaws, AAPA will grant membership to any individual who meets the criteria for membership as outlined in Article III, section 1-11 and will remain nondiscriminatory in granting membership.

Personal Information

First Name _____ Middle Name _____ Maiden _____ Last Name _____ Social Security # _____

Nickname _____ Date of Birth (optional) _____

Work Address (Required. If not employed, please indicate N/A) _____ City _____ State _____ Zip _____

Area Code/Work Phone _____ Beeper # _____ Area Code/Fax Number _____

Home Address _____ City _____ State _____ Zip _____

Area Code/Home Phone _____ E-mail _____ Please indicate your mailing preference: Home Work

Payment

PREPAYMENT REQUIRED Amount paid: \$ _____

Check or Money Order Enclosed. AAPA may charge my VISA MasterCard American Express

Credit Card Account Number _____ Expires _____ Month/Year _____

Print Name (exactly as it appears on card) _____

Dues, contributions, or gifts to the **American Academy of Physician Assistants (AAPA)** may be deductible as an ordinary and necessary business expense. A portion of your dues, however, is **NOT** deductible as a result of lobbying activities which are regulated by federal lobbying laws (\$9 for fellow and associate members, \$2 for affiliate, physician, sustaining and 1 yr. student members, \$3 for 2 and 3 yr students). **Questions about the valid tax deductibility should be discussed with your tax advisor.** Please allow from two to four weeks for initial receipt of publications and membership card.

Authorization

I hereby apply for membership in the American Academy of Physician Assistants and, if accepted, agree to support the PA Guidelines for Ethical Conduct and the objectives of the Academy. I understand the services to which I am entitled and the date my membership expires January 31. I testify that the information in this application is true and accurate.

Signature _____

Date _____

FOR OFFICE USE ONLY

ID# _____

Status _____

\$ _____ Source NYSSPA