



NEW YORK STATE SOCIETY OF PHYSICIAN ASSISTANTS

You're Invited to Join NYSSPA Today!

NYSSPA's Membership Year is from July 1 - June 30. Individuals who are joining between the months of May-September should use the regular membership types. 18-Month Membership is only for those individuals who are joining mid-year between the months of October-April.

Regular Memberships		
Full Member	\$150 Annually	Any person who is registered in New York State as a PA and is a fellow member of the American Academy of Physician Assistants
Affiliate Member	\$150 Annually	Any person who is registered in New York State as a Physician Assistant and is eligible for fellow membership in the AAPA but who chooses not to become such
Associate Member	\$150 Annually	Physician Assistants from other states, or PAs in New York State who are not employed; Non-Physician Assistants who support the goals of NYSSPA
Sustaining Members	\$50 Annually	Physician Assistants eligible for Full or Affiliate membership who have chosen not to practice in a PA-oriented career or who have retired from the PA profession
Student Member	\$60	Any person enrolled in a PA program or interested in pursuing a career in the Physician Assistant profession Student membership is valid for the duration of your student enrollment
18-Month Memberships		
18-Month Full Member	\$200 for 18 Months (January-June & July-June next year)	As per Full Member above
18-Month Affiliate Member	\$200 for 18 Months (January-June & July-June next year)	As per Affiliate Member above
18-Month Associate Member	\$200 for 18 Months (January-June & July-June next year)	As per Associate Member above

NYSSPA's Significant Accomplishments

- Successfully lobbied for the legislative removal of the 24-hour Counter-Signature Requirement for PAs
- Secured DEA Licensure for the PA privilege to prescribe Schedule III-V Medications
 - Protected Physician Assistants' rights to First Assist in surgery
- Obtained Licensure for Physician Assistants from the Department of Education
 - Awarded over \$60,000 in PA student scholarships over the past decade
 - Supported appointment of a PA Representative on the board of the OPMC

These initiatives take time, money and personnel; they could not have been achieved without a strong NYSSPA Membership. NYSSPA needs you now and the best way to support the Society and the PA profession in New York is to join as a member. NYSSPA also has a membership program specifically for physicians interested in joining, which is called the Physician Partnership Program.

Join NYSSPA today!



www.nysspa.org



NEW YORK STATE SOCIETY OF PHYSICIAN ASSISTANTS

NYSSPA Membership Application

New Renewal/Former

First/Middle/Last Name _____ Credentials _____

Home Address/Street _____

City _____ State _____ Zip _____ County/District _____

Home Phone _____ Home E-mail _____

Cell # _____ Preferred Mailing Address: Home Work

Place of Employment _____

Practice/Department/Specialty _____

Employment Address _____ City/State/Zip _____

Work Phone _____ Work Fax _____ Work E-mail _____

AAPA# (if applicable) _____ NCCPA Registration # _____ NYS License # _____

PA Program graduated from or currently attending _____ Graduation Date _____

Please do not list me in the membership directory. I am interested in being a Mentor (Required for Student Membership)

Referred By _____

Please indicate your interest in serving on a Committee(s)

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Committee on Diversity | <input type="checkbox"/> Conference Planning | <input type="checkbox"/> Elections | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Judicial Affairs | <input type="checkbox"/> Membership | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Professional Relations | <input type="checkbox"/> Public Education | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Student Affairs | <input type="checkbox"/> Surgical Caucus | <input type="checkbox"/> Website | |

Annual Dues Payment

Please note that a portion of your dues will be used to support legislative lobbying efforts on behalf of NYSSPA and all New York State Physician Assistants.

Dues Amount for Membership Type: Full Affiliate Associate Sustaining Student \$ _____

Membership Term: Annual (joining May-September) 18-Month (joining October-April)

Voluntary Scholarship Contribution:

Help NYSSPA give \$6000 in scholarships annually to deserving students – the voices of our future. **\$25** suggested \$ _____

Total: \$ _____

If paying by check, please make check payable to NYSSPA and mail to NYSSPA, 251 New Karner Rd, Ste 10A, Albany, NY 12205
Credit card payments can be faxed to NYSSPA at (856) 423-3420.

Visa MasterCard Amex

Card # _____ Exp Date _____ Signature _____

Automatic Renewal

No more renewal notices. If paying by credit card you may authorize NYSSPA to automatically deduct your dues on an annual basis.

Yes, I want my membership to be automatically renewed each year and authorize NYSSPA to charge my credit card.