



MEMBERSHIP APPLICATION

Membership Categories

* Designates annual dues

Fellow Dues: \$295*

A PA who either graduated from a PA program accredited by ARC-PA (or a predecessor agency), or has passed the PANCE.

PA Program Attended Graduation Date (MM/DD/YYYY) 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
- Chapter in another state
Specify state: _____
- Specialty organization,
(i.e., Society of PAs in Pediatrics)
Specify organization: _____
- Naval Association of PAs
- Society of Air Force PAs
- Society of Army PAs
- Public Health Service Academy of PAs
- Veteran Affairs PA Association

Sustaining Dues: \$100*

A PA who graduated from a PA program accredited by ARC-PA (or a predecessor agency), but has chosen not to actively practice in the profession.

PA Program Attended Graduation Date (MM/DD/YYYY) NCCPA Certificate #

Student Dues: \$75 (for the duration of your program)

A student enrolled in a PA program accredited by ARC-PA.

PA Program Expected Graduation Date (MM/DD/YYYY)

Retired Dues: \$75*

A PA who is a former fellow member and has chosen to retire from practice.

- I certify that I no longer practice in the PA profession.

Affiliate Dues: \$100*

Pre-PA students and other healthcare professionals who want to stay current with the PA profession.

- I am applying to a PA School

Physician Dues: \$150*

Licensed physicians who wish to associate with AAPA.

Associate Dues: \$200*

A person engaged in selling products or services to PAs or an individual employed by a government agency who does not qualify for any other membership category.

I hereby apply for membership in the American Academy of PAs and, if accepted, agree to support the Guidelines for Ethical Conduct for the PA Profession and the objectives of the Academy. I testify that the information is true and accurate.

SIGNATURE

DATE

Personal Information

FIRST NAME MIDDLE NAME (MI) LAST NAME MAIDEN NAME

PREFERRED MAILING CITY STATE ZIP

CELL PHONE HOME PHONE WORK PHONE

EMAIL BIRTHDATE

Payment Method:

Amount paid (prepayment amount required):

\$ _____

- Check or money order payable to AAPA enclosed

You may charge my

- VISA MASTERCARD

- DISCOVER AMERICAN EXPRESS

Security Code _____

CARD NUMBER EXPIRATION (REQUIRED)

PRINT NAME EXACTLY AS IT APPEARS ON CARD SIGNATURE (REQUIRED)

Terms:

In accordance with Article IX, Section 5 of the AAPA bylaws, any individual who has their PA license, certificate, registration or temporary permit currently revoked as a result of a final adjudicated disciplinary action for violation of their professional practice statutes or regulations shall be ineligible to apply for AAPA membership during the period of that revocation. Please read AAPA bylaws, terms, community guidelines and privacy policy on aapa.org for full details.

As a member you will begin to receive our member only publications, offers to help you to stay up-to-date on new CME courses, discounts, and other products and services at no charge. To customize your preferences, please login to your online profile.

For tax purposes: AAPA Federal ID# 23-7067770 : Membership dues are not deductible as a charitable contribution for income tax purposes. However, they may be deductible as ordinary and necessary business expense or an itemized miscellaneous deduction subject to the restrictions imposed as a result of AAPA's lobbying activities. It is estimated that the nondeductible portion of your dues spent on lobby activities is 5.05%. Twenty three dollars of annual AAPA membership dues covers a one-year subscription (12 issues) to the Journal of the American Academy of PAs.