

Pennsylvania Society of Physician Assistants
P.O. Box 128
Greensburg, PA 15601
Phone 724-836-6411
Fax 724-836-4449

Name: _____
Home Address: _____
City / State / Zip: _____
Business Address: _____
City / State / Zip: _____
County: _____ Senate District No. ___ House District No. ___
Home Phone:() _____ Business Phone:() _____
E-mail address: _____

This membership year extends from July 1 to June 30.
Please check the membership category for which you are applying:

- _____ Fellow \$135.00 (AAPA member practicing and / or residing in Pennsylvania)
- _____ Affiliate \$135.00 (non-AAPA member practicing and / or residing in Pennsylvania)
- _____ Sustaining \$60.00 (PA not practicing in Pennsylvania, or other health professional)
- _____ Associate (Hospital, Insurance Company or Group Practice) \$170.00
- _____ Solo Practice Physician \$100.00
- _____ Student \$30.00 per year or \$50 for two years
- _____ Non-PA Student \$15.00 (individual interested in the exploring the Profession)

PA Program Attended /Attending: _____
Year of Graduation: _____
Current AAPA Membership no. _____
State Board No.: _____
NCCPA Certificate No.: _____
Practice Setting: Urban _____, Rural _____, or Suburban _____
Practice Location: Office _____ Hospital _____, or Other(please specify) _____
Specialty: _____

Signature _____ Date _____

Payment by _____ Check or _____ Credit Card

Card Number: _____

Card Expiration Date: _____

Card Holder Name: _____