

Fellow Membership Gift Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone: _____ E-Mail Address: _____

PA Program: _____ Year of Graduation: _____

May pay by check to "PSPA" or credit card:

Credit Card: ___ MC ___ Visa Card # _____ Expiration _____

Mail Application to: Pennsylvania Society of Physician Assistants

P.O. Box 128

Greensburg, PA 15601

Sponsoring Member Signature: _____

Date: _____

Dues are deductible as a business expense at 80%