Give the Gift of PSPA Membership

Lucky recipient of a PSPA Membership

Name:

Address (if known)

Phone:

Email:

If you are unsure of any of the details, please give us at least one way to reach the individual to verify contact information. Thanks!

YOUR Name:
YOUR Preferred Contact Info:
How would you like the recipient of the gift to be notified?
Circle Choice Anonymous Gift Please provide my name

Please circle the type of membership:
1-year Student Membership $30
2-year Student Membership $50
3-year Student Membership $75
1-year Fellow Membership (individual an AAPA member) $180
1-year Affiliate Membership (individual NOT an AAPA member) $180
1-year Sustaining Membership (individual NOT a PA) $75

Circle Card Type Visa Mastercard American Express Discover
Card Number: Exp Date:

You may fax credit card information to **434-979-2439**
Or mail to Pennsylvania Society of Physician Associates at
250 West Main Street, Suite 100, Charlottesville, VA 22902
Questions? Call 804-643-4433 extension 4 or email PSPA@pspa.net