



FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS
MEMBERSHIP APPLICATION

New
Renewal

Membership dues year runs from January 1 through December 31.

Name (Last, First, Middle Initial)
Designation(s)
PA School Attended/Attending
Graduation Date or Expected Graduation Date:
Home Address
City/State/Zip
County of Residence
Home Phone
Home Fax
Email Address - By providing your email address, you agree to accept valuable member information sent electronically.
Secondary Email Address
Name of Supervising Physician
M.D. D.O. Specialty
Business Name
Business Address
City/State/Zip
County of Business
Business Phone
Business Fax
SPONSOR
Check if you are active duty military, retired military, or reserves

MEMBERSHIP CATEGORIES: I am joining as (please check ONE)
Table with 2 columns: Category and Amount. Includes Fellow* (\$185*), Military (\$50), Associate (Non AAPA) (\$185*), Retired (\$50), Student (\$60 / 2 years), Friendship (\$50), Pre-PA Student (\$100), Honorary (Complimentary), Physician (\$100), Corporate (See Corporate Application).

*QUARTERLY PRO-RATED DUES INFORMATION - ONLY FOR NEW - or - FORMER FELLOW or ASSOCIATE Members

(those former members who have NOT renewed their FAPA Membership for one or more years) is as follows:
If you join between: First Quarter: JAN-MAR = \$185; Second Quarter: APR - JUN = \$138.75; Third Quarter: JUL-SEPT = \$92.50;
Fourth Quarter: OCT-DEC = \$185 - member receives the balance of the current dues year and all of the following dues year.

Preferred Mailing Address: (If no choice is selected, all information will be published in the FAPA Membership Directory.)
Business Home OK to publish all information in Directory Yes No DO NOT publish home phone in Directory
NCCPA Certified No Yes Certification Number:
Florida License No Yes License Number:
Florida Prescribing Privileges No Yes Prescriber Number:

In accordance with Section 6033(e)(2)(A) of the Internal Revenue Code, as amended, members of the Florida Academy of Physician Assistants (FAPA) are hereby notified that an estimated 11% of your FAPA dues will be allocated to lobbying and political activities, and therefore are not deductible as a business expense.)

Voluntary Contribution to FAPA PAC

I do not want 10% of my dues delegated to the Physician Assistant Political Action Committee (PA-PAC).
(FAPA has established a Political Action Committee, the PA- PAC, for the purpose of supporting political candidates who have befriended the PA profession. 10% of yearly dues will automatically be designated for PA-PAC unless otherwise indicated. This contribution is not tax deductible.)

Additional PAC Donation: \$

PAYMENT: Membership runs January 1 - December 31 each year. For uninterrupted service and benefits, select Annual Auto Renewal and FAPA will automatically bill the same credit card used in this membership transaction at the current renewal rate once a year within 30 days of membership expiration:

- ANNUAL AUTO RENEWAL: For uninterrupted service, FAPA will bill your credit card at the current renewal rate once a year. You will receive an email notification prior to the charge. By checking this box, you confirm you understand that this authorization will remain in full force and effect until FAPA has received written notification of its alteration or termination at least 30 days prior to the next scheduled charge.
STANDARD ONE YEAR RENEWAL: Pay with credit card or check in U.S. dollars for one year only.
Check payable to FAPA in the amount of \$ is attached.

Signature:
Date:
Total Amount Enclosed \$
Payment is by: Check or money order for \$ payable to FAPA
Bill My Practice
Email:
I authorize FAPA to charge \$ to my MasterCard VISA AmEx
Credit Card #: Exp. Date: CVV Code:
Cardholder's Name: Cardholder's Signature:
Billing Address (if different from above):

Return Form and Payment to: FAPA, 222 S. Westmonte Drive, #111, Altamonte Springs, FL 32714 • Phone (407) 774-7880 • Fax (407) 774-6440

FOR FAPA OFFICE USE ONLY
Proc Ref # Amount Date Comp