



FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS
MEMBERSHIP APPLICATION

Renewal
New

Membership dues year runs from January 1 through December 31.

First Name MI Last Name

Designation(s)

PA School Attended/Attending Graduation Year or Expected Graduation Year:

Home Address

City/State/Zip County of Residence

Cell Phone Home Phone

Email Address - By joining, you agree to accept valuable member information sent electronically.

Secondary Email Address

Name of Supervising Physician M.D. D.O. Specialty

Business Name Business Phone

Business Address

City/State/Zip

Referred By Military Service: Active Retired Reserves Separated

NCCPA Number:

Florida License Number: Florida Prescribing Number:

MEMBERSHIP CATEGORIES: I am joining as (please check ONE)

- Fellow (AAPA Member # REQUIRED) \$185 Student* \$60
Military \$50 Friendship \$50
Associate (Non AAPA) \$185 Pre-PA Student \$100
Retired \$50 Physician \$100

*Students must be enrolled in an ARC-PA approved Physician Assistant program or a program actively seeking accreditation that is affiliated with a Florida university or college of medicine. Membership will be valid through December 31 of graduation year.

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.

OK to publish all information in Directory Yes No

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. \$

Total Amount Enclosed \$ Check or money order for \$ payable to FAPA

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):

Signature: Date: