



2018 Membership Application & Renewal Form

Check which apply

- New Member
- Renewal

Name	
Primary Organization	Department / Division
Preferred Address <input type="radio"/> Work	<input type="radio"/> Personal
Work Address	Personal Address
Work City & County	Personal City & County
Work State/ZIP	Personal State/ZIP
Work Phone	Mobile Phone
Primary Email	<i>Are you willing to mentor a Pre-Pa or PA student member?</i>
PA School & Year of Completion	<i>How did you hear about MAPA?</i>

-
- Fellow (\$150)** Must be a fellow member of the American Academy of Physician Assistants in good standing
AAPA ID# (required for this category) _____
-
- Sustaining (\$150)** Member would be eligible for fellow membership but either is not practicing in the profession or is not a fellow member of the AAPA
-
- Affiliate (\$100)** Member who is ineligible for the Fellow or Sustaining categories and still wishes to associate with the organization and is approved by the Board of Directors
-
- Retired (\$50)** A retired member must have been a member in good standing of the MAPA for a minimum of five years (not necessarily in succession and not necessarily the last five years).
A retired member must be fully retired from gainful employment as a PA
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- New Graduate (\$75)** A New Graduate of an accredited PA program, or an NCCPA-certified PA, is eligible for a 50% discount on a Fellow or Sustaining membership during the first year after graduation (to take the Fellow membership, the new grad must also be a fellow member of the American Academy of Physician Assistants in good standing)
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- PA Student (\$50)** One-time fee for as long as you are enrolled in an accredited PA program. A student is enrolled in an accredited PA program or an unaccredited program that is recognized by the AAPA
Graduation Year: _____ **PA School/Program:** _____
After graduation, members then qualify for the New Graduate rate for their first year of enrollment
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- Pre-PA Student (\$45)** A Pre-PA Student is a person interested in the Physician Assistant profession and not yet enrolled in an accredited PA Program
Anticipated program enrollment date: _____
Once enrolled, students then qualify for the PA Student rate for the duration of their enrollment

Total Enclosed: \$

Method of Payment: Check Credit Card (circle) Visa / MasterCard / Discover/ AMX

Card #	Expiration Date	CVV Security Code
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Name on Card

Signature:

Return this form and payment to:
Minnesota Academy of Physician Assistants
N83W13410 Leon Road | Menomonee Falls, WI 53051
654.237.7241 | info@minnesotapa.org

