

Membership Renewal/Application

Name _____ Credentials _____

Preferred Address _____ Work Personal WI License # _____ AAPA Member # _____

Primary Organization _____

Department/Division _____

Work Address _____ Personal Address _____

Work City & County _____ Personal City & County _____

Work State/ZIP _____ Personal State/ZIP _____

Work Phone _____ Personal Phone _____

Primary Email _____ Alternate Email _____

PA School and Year of Completion _____ How did you hear about WAPA? _____

- Check here if you want to be a PA Preceptor. A WAPA representative will contact you.
- Check here if you want to join our Stop the Bleed instructors' bureau.

Please check your practice specialty:

- | | | |
|-------------------------------------------------------|--------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Family Practice | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Allergy, Asthma & Immunology | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Hospice & Palliative Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Ear, Nose & Throat | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Other |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Oncology | |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Orthopedic Surgery | |

Please check your region:

- Eastern Region
- Northern Region
- Southeastern Region
- Southwestern Region
- Western Region
- I don't live in Wisconsin

- Fellow (\$150)** A fellow member of the AAPA, a Wisconsin PA on the active or inactive MEB list, or a Wisconsin PA who is NCCPA certified and a graduate of an AMA approved PA program.
- Member (\$150)** Must meet the same qualifications as above except **not** an AAPA fellow member.
- Affiliate (\$150)** An out-of-state PA or anyone not recognized as a PA by the MEB (not a graduate of an AMA approved PA program or not NCCPA certified) or a physician, nurse, administrator, etc.
- Organizational (\$150)** Clinic, hospital, nursing home, university health service or other institution providing health care.
- Sustaining (\$50)** Fellow or Member of WAPA for a minimum of five (5) preceding years AND has retired from clinical practice or is leaving clinical practice as a PA for an indefinite period of time. A PA who is employed on a more than casual call/PRN basis does not qualify.
- Student (\$20)** **Graduation Year:** _____ **PA School/Program:** _____
Fee covers membership through graduation. You will then receive complimentary fellow membership until the end of the calendar year.
- Hardship** Please contact the WAPA office at info@wapa.org.

Total Enclosed: \$ _____ *Note: The dues year is January-December. Dues are not prorated.*

Method of Payment: Check _____ Credit Card (Visa / MasterCard / Discover/American Express)

Card # _____ Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

WAPA is organized under section 501(c)6 of the IRS code. As such, due to federal lobbying activities, a portion of dues may not be tax deductible. A statement will be sent to you whenever such tax situations arise. Federal Tax ID: 39-1281325.

Return this form and payment to:
Wisconsin Academy of Physician Assistants
 N83W13410 Leon Road | Menomonee Falls, WI 53051
 414.253.8188 | info@wapa.org