

Membership Application Form

Please print this form and fax or mail to us at the address at right.

Name: _____

Credentials: _____ License#: _____

Address: _____

County: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Fax: (____) _____ Email: _____

Type/Specialty of Practice: _____

Supervising Physician: _____

PA Program: _____ Graduation Year: _____

Signature: _____

Membership Categories: (Choose one)

__ FELLOW.....\$175/yr -or- \$325/2yr - FELLOW members include graduates of PA Programs approved by the Board of Directors and/or persons certified by the NCCPA, who are Fellow members of the AAPA and are eligible to vote and to hold office.

__ ESTEEMED MEMBER.....\$150/yr -or- \$275/2yr - LOYALTY DISCOUNT - Those that have been a GAPA member 5 or more consecutive years.

__ NEW GRADUATE MEMBER.....\$125/yr -or- \$225/2yr - NEW GRADUATE - For those who have graduated from an accredited PA program. Only good for the 1st two years out of school.

__ ASSOCIATE.....\$175/yr -or- \$325/2yr - (Non-AAPA Member PAs) ASSOCIATE members include PAs certified by the State of Georgia and other PAs approved by the Board of Directors and may vote on non-AAPA matters and hold office as directors-at-large.

__ MILITARY/ RETIRED.....\$160/yr -or- \$275/2yr - Members who are Retired or with the Military.

__ AFFILIATE..... \$50/yr - Affiliate members shall include other persons not eligible for Fellow or Associate membership who desire to affiliate with the Association.

__ STUDENT.....Waived - (for entire student period + 6 months) - STUDENT members are persons enrolled in Board-approved programs training PAs and may not vote or hold office except for the student member(s) elected by their peers for positions on the Board of Directors.

GROUP RATE — A Group rate is available for practices that hire multiple PA's. If you have 4 or more PA's in your practice, please call the GAPA Office for further details on the discount

Check if you would like to be added to GAPA's mentor list (for precepting pre-PA and PA students)

Please consider the following options:

- \$ _____ Student Scholarship Fund Donation
\$ 25.00 PAs For Healthcare Access (suggested minimum)

\$ _____ Total

PAYMENT INFORMATION:

Please check one:

I am enclosing __ Check __ Money Order

I authorize GAPA to charge my __ Visa __ M/C __ AmX

Date: _____

Please charge \$ _____ on my credit card.

Card Number: _____

Exp. Date: _____

Signature: _____

GAPA's membership year is from January 1 - December 31 of each year. For someone who submits dues after October 1, they will be considered a member for the balance of the current as well as the entire subsequent year. Membership investments in GAPA are not tax deductible as charitable contributions but a portion is deductible as a business expense. Since the GAPA engages in lobbying, under Federal law, 57% of annual dues payments are non-deductible.