



MEMBERSHIP APPLICATION FORM Please mail, fax, or email this form to the address above.

FULL NAME		SIGNATURE	
CREDENTIALS		LICENSE#	
ADDRESS		COUNTY	
CITY	STATE	ZIP	HOME PHONE
BUSINESS PHONE	FAX	EMAIL	
TYPE/SPECIALTY OF PRACTICE		SUPERVISING PHYSICIAN	
PA PROGRAM		GRADUATION YEAR	

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

Refer a Member Program. Were you recruited by another GAPA member? If so, please provide info about that member:

MEMBER ID	REFEREE NAME
-----------	--------------

MEMBERSHIP CATEGORIES: (Choose one)

- Fellow** (\$175/yr or \$325/2yrs) - 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 \$275/2yrs) - LOYALTY DISCOUNT - Those that have been a GAPA member 5 or more consecutive years.
 - New Graduate Member** (\$125/yr -or- \$225/2yrs) - 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 \$325/2yrs) - (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** (\$87.50/yr or \$162.50/2yrs) - 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 Rates** - 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

CONSIDER A DONATION (Please consider the following giving options)

Student Fund Scholarship: \$ _____	PAs For Healthcare Access: \$ _____
	\$25 SUGGESTED MINIMUM DONATION

PAYMENT INFORMATION:

Total Due:

Payment Method:

I am enclosing a **Check** **Money Order** I authorize GAPA to charge my **Visa** **Mastercard** **AMEX**

DATE	CARD NUMBER	EXPIRATION DATE (MM/YY)
SIGNATURE		NAME ON CARD

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.