

MEMBERSHIP INVOICE

Please mail, fax, or email this form (info to the right).

1905 Woodstock Road, Suite 2150
Roswell, GA 30075
Phone: 770-640-1920
Fax: 770-640-1095
Email: info@gapa.net



FULL NAME _____		ID# _____	
CREDENTIALS _____		LICENSE# _____	
ADDRESS _____		COUNTY _____	
CITY _____	STATE _____	ZIP _____	HOME PHONE _____
BUSINESS PHONE _____	FAX _____	EMAIL _____	
TYPE/SPECIALTY OF PRACTICE _____		NAME OF PRACTICE _____	
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)

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: _____ DATE _____

Payment Method:

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

CARD NUMBER _____	CVV CODE _____	EXPIRATION DATE (MM/YY) _____	BILLING ZIP CODE _____
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. GAPA's Tax ID#: 58-1296375.