



DCAPA MEMBERSHIP APPLICATION

Name _____ Designation _____

Home Address _____

City _____ State _____ Zip _____

Work Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Employer _____

Area of Specialty _____ PA Program Attended _____

Year of Graduation _____ NCCPA # _____ AAPA # _____

Membership Categories (Please select one)

Dues for all categories except students renew on an annual basis. Student dues cover the duration of the student's tenure in the PA program.

- Fellow - \$50** - Graduate of an accredited physician assistant program and fellow member of AAPA. Shall have the privilege of the floor and be entitled to vote and hold office.
- Associate - \$50** - Graduate of an accredited physician assistant program but not an AAPA member. Shall have the floor but may not vote or participate in issues relating to the AAPA such as voting for delegates, submitting resolutions, or representing chapters in the AAPA HOD.
- Physician - \$50** - US-licensed physician. Shall have the privilege of the floor but may not vote or hold office.
- Affiliate - \$50** - Person who is ineligible for any of the other available categories and wishes to associate with the organization. Shall be entitled to the privilege of the floor but may not vote or hold office.
- Student - \$10** - PA student currently enrolled in an ARC-PA accredited program. Shall be entitled to privileges of the floor but may not vote or hold office *except for* the elected Student Representatives.

I would like to serve DCAPA in the following capacity:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> PA Student Preceptor | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Finance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reimbursement | <input type="checkbox"/> CME Planning | |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Public Relations | |

Please include the following donation amount to the DCAPA Scholarship Fund in my total: \$ _____

Method of Payment:

Check enclosed. Make check payable to DCAPA and enclose application with your check.

Mail to: DCAPA, 6200 Lakeside Avenue, Richmond, VA 23228.

Credit Card: Please visit www.dcapa.org to access the online credit card payment form or complete the above information and an invoice will be emailed to you.

Signature _____ Date _____

****Your DCAPA membership dues are not tax deductible as a result of lobbying activities which are regulated by lobbying laws. Questions about the validity of tax deductibility should be discussed with your tax advisor.****