

Pennsylvania Society of Physician Assistants
P.O. Box 128
Greensburg, PA 15601
Phone 724-836-6411 Fax 724-836-4449 Website www.pspa.net
Membership Application 2018-2019

Name: _____
Home Address: _____
City / State / Zip: _____
Business Address: _____
City / State / Zip: _____
County: _____ Senate District No. _____ House District No. _____
Home Phone:(_____) _____ Business Phone:(_____) _____
E-mail address: _____

The one year membership year extends from July 1 to June 30. Dues are 80% tax deductible.
Please check the membership category for which you are applying:

- _____ Fellow (AAPA member practicing and / or residing in Pennsylvania) – Please check term below
 1 Yr - \$150 2 Yr - \$285.00
- _____ Affiliate (non-AAPA member practicing and / or residing in Pennsylvania) – Please check term below
 1 Yr - \$150 2 Yr - \$285.00
- _____ Sustaining \$60.00 (PA not practicing in Pennsylvania, or other health professional)
_____ Associate (Hospital, Insurance Company or Group Practice) \$170.00
_____ Solo Practice Physician \$100.00
_____ Student \$30.00 per year or \$50 for two years or \$75 for three years
_____ Non-PA Student \$15.00 (individual interested in exploring the PA profession)

PA Program Attended /Attending: _____
Year of Graduation: _____
Current AAPA Membership no. _____
State Board No.: _____
NCCPA Certificate No.: _____
Practice Location: Office _____ Hospital _____, or Other(please specify) _____
Specialty: _____

Signature _____ Date _____

Payment by _____ Check or _____ Credit Card(Please circle): Visa Mastercard American Express Discover

Card Number: _____

Card Expiration Date: _____

Card Holder Name: _____