



Pennsylvania Society of Physician Assistants
PO Box 128, Greensburg, PA 15601
www.PSPA.net PSPA@pspa.net

Multi-Year Membership Form

Name: _____

Home Address: _____

City / State / Zip: _____

Business Address: _____

City / State / Zip: _____

County: _____ Month of Birth: _____

Home Phone: _____ Business Phone: _____

E-mail address: _____

This membership year extends from July 1 to June 30. Please check the membership category for which you are applying:

_____ Fellow (AAPA member practicing and / or residing in Pennsylvania)

_____ Affiliate (non-AAPA member practicing and / or residing in Pennsylvania)

PA Program Attended: _____

Year of Graduation: _____

Current AAPA Membership no. _____

NCCPA Certificate No.: _____ State Board No.: _____

Practice Setting: Urban _____, Rural _____, or Suburban _____

Practice Location: Office _____ Hospital _____, or Other (please specify) _____

Specialty: _____

Multiyear discount is 5%. Please circle the number of years you would like to join:

2 years- \$256.50

5 years- \$641.25

10 years- \$1282.50

LIFETIME: \$2,000

Payment by _____ Check or _____ Credit Card

Card Number: _____

Card Expiration Date: _____

Card Holder Name: _____

Signature _____ Date _____

You can fax the form to 724-836-4449 or mail to PSPA at PO Box 128, Greensburg, PA 15601