



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

## STUDENT GROUP MEMBERSHIP FORM

If you have several people from the same PA Program joining, simply fill out the following information!

**PROGRAM NAME:** \_\_\_\_\_

### PRIMARY PA STUDENT CONTACT

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Month of Birth: \_\_\_\_\_

Please check the membership category for which you are applying:

\_\_\_\_\_ Student – One Year \$30

\_\_\_\_\_ Student – Two Years \$50

\_\_\_\_\_ Pre-PA Student - \$15 (Individual planning on attending PA school)

PA Program Attending: \_\_\_\_\_ Expected year of graduation: \_\_\_\_\_

Current AAPA Membership no. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **TOTALS:**

Student One Year Members \_\_\_\_\_ x \$30.00 = \_\_\_\_\_

Student Two Year Members \_\_\_\_\_ x \$50.00 = \_\_\_\_\_

Pre-PA Student Members \_\_\_\_\_ x \$15.00 = \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Payment by Check \_\_\_\_\_ (made out to PSPA) or Credit Card \_\_\_\_\_ Type of 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*



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**PHYSICIAN ASSISTANT STUDENT**

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Month of Birth: \_\_\_\_\_

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\_\_\_\_ Pre-PA Student - \$15 (Individual planning on attending PA school)

PA Program Attending: \_\_\_\_\_ Expected year of graduation: \_\_\_\_\_

Current AAPA Membership no. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN ASSISTANT STUDENT**

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Month of Birth: \_\_\_\_\_

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PA Program Attending: \_\_\_\_\_ Expected year of graduation: \_\_\_\_\_

Current AAPA Membership no. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Attach additional copies of this page as needed*

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