



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

_____ Student – Three Years \$75

_____ 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 = _____

Student Three Year Members _____ x \$75.00 = _____

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: _____

Please check the membership category for which you are applying:

____ Student – One Year \$30

____ Student – Two Years \$50

____ Student – Three Years \$75

____ 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: _____

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Signature _____ Date _____

Attach additional copies of this page as needed

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