

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

Membership Application for Each One Reach One Campaign 2021

Share with a fellow PA to invite them to join the PSPA community

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 12 months of first day of registering. These prices are 2021 – 2022. 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
- _____ New Graduate Fellow \$75 (within one year of graduation)
(AAPA member practicing and / or residing in Pennsylvania)
- _____ New Graduate Affiliate (within one year of graduation)
(non-AAPA member practicing and / or residing in Pennsylvania)

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: _____ Agree to apply this credit card for annual auto-renewal: ___ yes ___ no

Card Holder Name: _____

Referred by: _____ Their email: _____