

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 2022-2023
Online: <https://pspa.net/membership/joining-pspa-register/>

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 2022 – 2023. 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. - \$180 2 Yr. - \$315.00
_____ New graduate fellow \$90.00 during first 12 months after graduation
_____ New graduate affiliate \$90.00 during first 12 months after graduation
_____ Affiliate (non-AAPA member practicing and / or residing in Pennsylvania) – Please check term below
 1 Yr - \$180 2 Yr. - \$315.00
_____ Sustaining \$60.00 (PA not practicing in Pennsylvania, or other health professional)
_____ Associate (Hospital, Insurance Company or Group Practice) \$200.00
_____ Solo Practice Physician \$150.00
_____ Student \$30.00 per year or \$50 for two years or \$75 for three years
_____ Non-PA Student \$30.00 (individual interested in exploring the PA profession)
_____ Physician / PA team \$215.00 *both to complete form

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

Card Holder Name: _____

Billing address associated with credit card: _____