**Pennsylvania Society of Physician Associates**
**P.O. Box 128**
**Greensburg, PA 15601**
**Phone 724-836-6411 Fax 724-836-4449 Website www.pspa.net**
**Membership Application 2023-2024**
**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 2024 – 2025. 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 $75.00 (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: _____