



# Alaska Academy of Physician Assistants

Membership Application for 20 \_\_\_\_\_

Name: \_\_\_\_\_ Professional Designation: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you an AAPA Member?  Yes  No If yes, AAPA Member Number: \_\_\_\_\_

## Please select the membership type that applies to you.

**Fellow:** Fellow members are defined as Physician Assistants who are licensed in and residents of Alaska, and who are Fellow members of AAPA. All fellow member can vote and hold office.

Single Year \$100  Three Years \$270

**Associate:** Associate members are Physician Assistants or health care providers who do not meet the criteria for AKAPA Fellow membership.

Single Year \$100  Three Years \$270

**Student:** Student members must currently be enrolled in an accredited PA training program and must be from, reside or intend to reside in the State of Alaska following graduation.

No Fee Expected date of graduation \_\_\_\_\_

(Membership will remain current until date of graduation)

**Three year membership reflects a 10% discount.**

**Membership is based on a calendar year from January to December.**

Would you like to be contacted about serving on the board of directors or on a committee?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print and complete form and fax or mail to:

**Pay by Credit Card**

Alaska Academy of Physician Assistants

Name on Card: \_\_\_\_\_

4450 Cordova Street, Suite 110

Card Type: \_\_\_\_\_

Anchorage, AK 99503

Card Number: \_\_\_\_\_

Fax: 907-562-8641

Expiration Date: \_\_\_\_\_

Questions: 907-646-0588 or info@akapa.org

Checks can be made out to;

Signature: \_\_\_\_\_

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