
APPLICATION FOR MEMBERSHIP OR RENEWAL

DATE: _____

New Member _____ Renewal _____

___ FELLOW: \$75.00 (PA's who are AAPA members in good standing. These members are eligible to vote and hold office.

Please include AAPA # _____.

___ AFFILIATE: \$100.00 (A non PA or PA who is not an AAPA member)
(A non-PA requires board approval. Affiliate members not eligible to hold office except director-at-large. May be entitled to privileges of floor and vote except for on officers.)

___ STUDENT: \$30.00 (Enrolled in an ARC-PA accredited PA Program)

___ PHYSICIAN: \$100.00

Membership dues are for 1 year, based on the month you join. You will be sent a reminder notice.

**Make Checks payable to: NAPA
Send to: PO Box 93381
Las Vegas, Nevada 89193
or join online at www.nevadapa.com**

MEMBER DATA

Name: _____ Specialty: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Company/Group Name: _____

Address: _____ City/State/Zip _____

Are you willing to Mentor a PA student? Yes _____ No _____

Publish this information in the NAPA Membership Directory? Yes _____ No _____
