



Maryland Academy of Physician Assistants, Inc.

P.O. Box 1726 ♦ Annapolis, MD 21404
888-357-3360 ♦ www.mdapa.org

May 2007

JOIN ON-LINE @
www.mdapa.org/renew

MEMBERSHIP APPLICATION

All information must be filled in. Please print or type.

LAST NAME		FIRST NAME		MIDDLE INITIAL	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET		CITY	STATE	ZIP CODE	COUNTY
HOME PHONE	WORK PHONE		E-MAIL		
STATE LICENSE (BPQA No.)	AAPA No.		NCCPA No.		
SUPERVISING M.D. NAME		SUPERVISING M.D. PHONE		PA PROGRAM ATTENDED	YEAR OF GRAD
SPECIALTY					
<input type="checkbox"/> CRITICAL CARE		<input type="checkbox"/> FAMILY PRACTICE		<input type="checkbox"/> INTERNAL MEDICINE	
<input type="checkbox"/> EDUCATION / ADMINISTRATIVE		<input type="checkbox"/> GENERAL SURGERY		<input type="checkbox"/> MEDICAL SUBSPECIALTY	
<input type="checkbox"/> EMERGENCY MEDICINE		<input type="checkbox"/> HEMATOLOGY / ONCOLOGY		<input type="checkbox"/> OBSTETRICS / GYNECOLOGY	
<input type="checkbox"/> OCCUPATIONAL MEDICINE		<input type="checkbox"/> PSYCHIATRY		<input type="checkbox"/> SURGICAL SUBSPECIALTY	
EMPLOYER TYPE					
<input type="checkbox"/> CLINIC / FREESTANDING FACILITY		<input type="checkbox"/> HMO		<input type="checkbox"/> PRIVATE OFFICE	
<input type="checkbox"/> COMMUNITY HOSPITAL		<input type="checkbox"/> PENAL INSTITUTION		<input type="checkbox"/> UNIVERSITY HOSPITAL	
				<input type="checkbox"/> US GOVERNMENT / MILITARY	
				<input type="checkbox"/> OTHER: _____	
LEGISLATIVE DISTRICT: Find at: http://mdelect.net/electedofficials/			<input type="checkbox"/> I do not wish information released to advertisers.		

Membership Term: September 1 through August 31

All members will be charged the full rate for their initial year of membership. Any Fellow or Affiliate member **joining** after October 1st will receive a prorated renewal amount *the year following their first membership year*. The amount will be based on the month they joined MAPA. *All future years will be billed at the full membership amount, no matter when the renewal was paid.*

MEMBERSHIP STATUS: (check one)

- Fellow (\$100.00) A certified or board-eligible PA who is a fellow member of the AAPA and resides or works in Maryland.
- Affiliate (\$100.00) A certified or board-eligible PA who is not a member of the AAPA and resides or works in Maryland.
- Associate (\$50.00) A graduate PA who belongs to another state chapter or a non-PA who wishes to support the MAPA.
PAs should provide a xeroxed active membership card from their other state academy to qualify for this rate.

I am applying for membership in the Maryland Academy of Physician Assistants and I agree to uphold the PA profession's Code of Ethics and to support the efforts of the Academy.

SIGNATURE _____ DATE _____

Membership \$ _____ Credit Card: Visa Master Card American Express
 Scholarship Donation \$ _____ Card Number _____ Exp. Date _____
 Total \$ _____
 Make checks payable to the MAPA Signature _____

I am interested in the following committees:

- CME
- LEGISLATIVE
- MEMBERSHIP
- PUBLIC AFFAIRS
- STUDENT AFFAIRS