



# Maryland Academy of Physician Assistants, Inc.

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

July 2010

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 (MBP 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"/> OCCUPATIONAL MEDICINE <input type="checkbox"/> EDUCATION/ADMINISTRATIVE <input type="checkbox"/> GENERAL SURGERY <input type="checkbox"/> MEDICAL SUBSPECIALTY <input type="checkbox"/> PSYCHIATRY <input type="checkbox"/> EMERGENCY MEDICINE <input type="checkbox"/> HEMATOLOGY/ONCOLOGY <input type="checkbox"/> OBSTETRICS/GYNECOLOGY <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"/> US GOVERNMENT / MILITARY <input type="checkbox"/> COMMUNITY HOSPITAL <input type="checkbox"/> PENAL INSTITUTION <input type="checkbox"/> UNIVERSITY HOSPITAL <input type="checkbox"/> OTHER: _____					
LEGISLATIVE DISTRICT:			<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 MAPA

Signature \_\_\_\_\_

NOTE: Membership will be automatically renewed each year.

I do not wish to have MAPA automatically renew my membership.

I am interested in the following committees:

- CME       LEGISLATIVE       MEMBERSHIP       PUBLIC AFFAIRS       STUDENT AFFAIRS