



Maryland Academy of Physician Assistants, Inc.

P.O. Box 4118 ♦ Crofton, MD 21114
888-357-3360 ♦ www.mdapa.org

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JOIN ON-LINE @
www.mdapa.org/themapamembership.htm

STUDENT MEMBERSHIP APPLICATION

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

LAST NAME		FIRST NAME		MIDDLE INITIAL	GENDER
STREET		CITY	STATE	ZIP CODE	COUNTY
HOME PHONE	FAX PHONE -indicate home / school		E-MAIL		
PA PROGRAM ATTENDING	YEAR OF GRAD	OTHER UNIVERSITY (IF APPLICABLE)	CIRCLE HIGHEST DEGREE ATTAINED Associate, Bachelor's, Master's, Doctorate		

The above address, phone numbers, school, and specialty will be published in the MAPA Directory for members only; addresses may be sold to advertisers. Check below if you want information withheld.

I do not wish information released to advertisers. Withold my personal info in the member directory.

Membership Term: June 1 through May 31

Student membership is for a two year period. It is assumed that four year program students will join at the conclusion of their second year. A fellow membership application will be mailed to the student at the conclusion of their program.

MEMBERSHIP STATUS:

Student (\$40.00) A student of any PA program who resides or attends school in Maryland. (Membership term: for 2 years)

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 _____

FINANCIAL INFORMATION:

Membership: \$40.00 Credit Card: Visa Master Card American Express

Card Number: _____ Exp. Date: _____

Make checks payable to **MAPA**

Signature: _____



HAVE FUN...

MAKE FRIENDS...

GET INVOLVED...