



Maryland Academy of  
Physician Assistants, Inc.

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

July, 2004

**JOIN ON-LINE @**  
[www.mdapa.org/themapamembership.htm](http://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		
<p>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.</p> <p><input type="checkbox"/> I do not wish information released to advertisers.      <input type="checkbox"/> Withold my personal info in the member directory.</p>					

### 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...**