



Arkansas Academy of Physician Assistants

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Fax: _____

E-mail Address: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Fax: _____

Correspondence Preference: Home Work

Please include me in the membership directory: Yes No

Membership Categories

Dues are paid annually for the period October 1 through September 30

- \$50** **Fellow Member:** Must be a graduate of an approved PA program or NCCPA-certified program and a fellow member of the AAPA.
NCCPA Certificate #: _____ AAPA #: _____
- \$50** **Affiliate Member:** Same as fellow member; but need not be a Fellow member of the AAPA. Cannot hold office or vote on matters pertaining to the AAPA.
- \$50** **Sustaining Member:** Non-practicing PAs or PAs practicing outside Arkansas. Non-PAs wishing to join are subject to the approval of the Board of Directors. Cannot hold office or vote.
- \$50** **Physician Member:** Any Arkansas-licensed physician. Cannot hold office or vote.
- \$10** **Student Member:** Student in an ARC-approved PA program. Cannot hold office or vote.

Committee Interests

I would like to participate on the following committees:

- Membership Legislative Nominations/Election CME

Please make your check payable to the Arkansas Academy of Physician Assistants. All applications should be mailed to:

ARAPA
5622 W. Mission Ln.
Glendale AZ 85302
 ph: 602-821-4920 Fax: 623-398-6792
 Email: admin@arkansaspa.org