



FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS MEMBERSHIP APPLICATION

 New
 Renewal

Membership dues year runs from January 1st through January 1st.

Name (Last, First, Middle Initial)		
Home Address		
City/State/Zip		
Home Phone	Home Fax	County of Residence
Email Address		
Name of Supervising Physician <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.		Specialty
Business Address		
City/State/Zip		
Business Phone	Business Fax	SPONSOR

MEMBERSHIP CATEGORIES:

I am joining as (please check ONE)

<input type="checkbox"/> Fellow	\$185	<input type="checkbox"/> Physician	\$100
<input type="checkbox"/> Associate	\$185	<input type="checkbox"/> Military	\$50
<input type="checkbox"/> Affiliate	\$185	<input type="checkbox"/> Retired	\$50
<input type="checkbox"/> Corporate	See Corp. Application	<input type="checkbox"/> Friendship	\$50
<input type="checkbox"/> Honorary	Complimentary	<input type="checkbox"/> Student	\$50 / 2 years

Preferred Mailing Address: (If no choice is selected, all information will be published in the FAPA Membership Directory.)

Business
 Home
 DO NOT publish any information in Directory
 OK to publish all information in Directory
 DO NOT publish home phone in Directory

PA School Attended:			
NCCPA Certified	<input type="checkbox"/> No <input type="checkbox"/> Yes	Certification Number:	
AAPA Member	<input type="checkbox"/> No <input type="checkbox"/> Yes	Membership Number:	
Florida License	<input type="checkbox"/> No <input type="checkbox"/> Yes	License Number:	
Florida Prescribing Privileges	<input type="checkbox"/> No <input type="checkbox"/> Yes	Prescriber Number:	

Please fill in the blanks below and write the Total Amount enclosed:

FAPA Dues (see Membership Categories above)	\$	In accordance with Section 6033(e)(2)(A) of the Internal Revenue Code, as amended, members of the Florida Academy of Physician Assistants (FAPA) are hereby notified that an estimated 5% of your FAPA dues will be allocated to lobbying and political activities, and therefore are not deductible as a business expense.) <input type="checkbox"/> I do not want 10% of my dues delegated to the Physician Assistant Political Action Committee (PA-PAC). (FAPA has established a Political Action Committee, the PA- PAC, for the purpose of supporting political candidates who have befriended the PA profession. 10% of yearly dues will automatically be designated for PA-PAC unless otherwise indicated. This contribution is not tax deductible.)
Voluntary Contribution to FAPA Foundation Student Scholarship Fund	\$	
Donation: FAPA Foundation <small>(FAPAF is a non-profit 501(c)(3) corporation and donations are tax deductible.)</small>	\$	
Total Amount Enclosed	\$	

Payment is by:

Check # _____ for \$ _____ payable to FAPA

VISA
 MasterCard
 American Express

Return Form and Payment to:

F.A.P.A.
222 S. Westmonte Drive, #101
Altamonte Springs, FL 32714
 Phone (407) 774-7880 * Fax (407) 774-6440

I authorize FAPA to charge the amount of \$ _____ to my credit card as checked above.
 Card # _____ Exp. Date _____
 3 or 4 Digit Security Code _____
 Print Cardholder Name: _____
 Authorized Signature: _____

FOR FAPA OFFICE USE ONLY				
Proc _____	Ref # _____	Amount _____	Date _____	Comp _____