

**Alabama Society of Physician Assistants**  
**PO Box 1900**  
**Montgomery, AL 36102-1900**  
**Phone: 334-315-6112**  
**Fax: 334-269-5200**  
**www.myaspa.org**

**Membership Application**

**I am applying for membership as:**

- Student** (SAAPA Membership not required – 2 year membership)
- Fellow** (AAPA Membership required)
- Affiliate** (Not AAPA Member)
- Military** (AAPA Membership not required)

**Name:** \_\_\_\_\_  
Last First Middle or Maiden

**Address:** \_\_\_\_\_  
Street and number  
\_\_\_\_\_  
City State Zip Code

**Email address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
Home (area code and number) Work (area code and number)  
\_\_\_\_\_  
Other (cell, pager)

**Program Graduated/Attending:** \_\_\_\_\_

**Year Graduated:** \_\_\_\_\_

**NCCPA Certificate#:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**AAPA Member:** yes \_\_\_\_\_ No \_\_\_\_\_ **AAPA Membership#:** \_\_\_\_\_

Please enclose with this application a check or money order to ASPA for membership dues and check the appropriate box(es) below:

- Fellow or Affiliate** (\$110)
- Student** (\$20 – 2 year membership)
- Active Military** (\$20)

**Total Enclosed \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Our preferred means of communication with members is via email, so please provide an email address which you will check regularly. Also please visit the website often as we are trying to update it more frequently. Thanks for supporting ASPA!**