

Alabama Society of Physician Assistants
PO Box 1900
Montgomery, AL 36102-1900
334.954.2575 P
334.269.5200 F
www.myaspa.org



Application for Membership

I am applying for membership as:

- | | |
|---|---|
| _____ Student (2 yr membership) | \$20 /2 yrs (or free if AAPA member) |
| _____ Fellow (AAPA membership required) | \$110 |
| _____ Affiliate (Not AAPA member) | \$110 |
| _____ Military (AAPA membership not required) | \$20 |

Name: _____
Last First Middle or Maiden

Address: _____
Street and Number

_____ City State Postal Code

Email address: _____

**Our preferred means of communication with members is via email,
so please provide an email address which you check regularly. **

Telephone: _____

Program Attending/Graduated: _____

Year Graduated/Projected to Graduate: _____

NCCPA Certificate # _____ Exp Date: _____

AAPA member? Yes No AAPA membership #: _____

Please enclose with this application a check or money order payable to ASPA for membership dues.

Total enclosed: \$ _____

Signature: _____ Date: _____

OFFICE USE ONLY: Email CC MemOnlyWeb