

Register for membership online at: www.WAPA.com!
WASHINGTON ACADEMY OF PHYSICIAN ASSISTANTS
MEMBERSHIP INFORMATION



Name: _____ Title: _____
LAST FIRST MI

CHECK BOX IF THERE IS NO CHANGE TO YOUR APPLICATION OR ADD CHANGES BELOW

Date of Birth _____ Email : _____
 Home address: _____ City, State, Zip _____
 Work address: _____ City, State, Zip _____
 Work phone: _____ Home phone: _____
 Preferred address for WAPA correspondence: ___Home ___Work Fax: _____
 PA program: _____ Date of graduation: _____
 Medical Specialty _____

*Are you a Veteran? Y or N (circle one) What branch? _____ Active, Inactive or Reserve (circle one)

Would you like the information above to appear in the WAPA Membership Directory?
 ___ YES ___ NO ___ YES, but ONLY for the items checked : ___ Name ___ E-mail ___ Fax
 ___ Home address ___ Home phone ___ Work phone ___ Work address ___ Med. Specialty
 ___ PA Program ___ Graduation Year

AAPA Member? ___ YES ___ NO AAPA MEMBER NUMBER _____

MEMBERSHIP STATUS: Category with voting rights is designated by **
\$90.00 ___ **FELLOW**** member of AAPA (votes for WAPA & AAPA officers)
\$90.00 ___ **COLLEAGUE** not an AAPA member (votes for WAPA officers only)
\$45.00 ___ **SUSTAINING** PA RETIRED or employed by a FEDERAL agency (circle one)
\$20.00 ___ **STUDENT** currently enrolled in a PA Program (3 months or more to graduation)
\$45.00 ___ **AFFILIATE** a non-PA
\$45.00 ___ **OUT-OF-STATE** not RESIDING or WORKING within Washington state
 ___ **OPTIONAL CONTRIBUTION:** To the WAPA Scholarship Fund
\$ _____ **TOTAL AMOUNT PAID**

Are you willing to be a preceptor for a PA student? Yes ___ No ___
 Are you interested in serving on a WAPA committee? Yes ___ No ___ **Check interests below:**
 ___ CME ___ Diversity ___ Website ___ Public Education
 ___ Membership ___ Newsletter ___ Regional Chapter ___ Student Affairs
 ___ Legislative ___ Elections ___ Health/Wellness ___ Reimbursement

Signature: _____ Date: _____

Please return completed application along with payment to:

Washington Academy of Physician Assistants 2033 Sixth Avenue, Suite 1100 Seattle, WA 98121	Fax: 206-441-5863 Email: LMK@wsma.org Questions? 1-800-552-0612 ext 3006
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PAY BY CREDIT CARD: Name on card: _____ VISA ___ MASTERCARD ___ NUMBER: _____ EXP DATE: ___/___	FOR OFFICE USE ONLY: AAPA Member: yes ___ no ___ APPROVED: yes ___ no ___ INITIALS ___ DATE _____ REVISED 07/07
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++ Note to members: WAPA employs a person through the WSMA to provide education to legislators on issues of mutual interest. The cost for this service is approximately 30% of membership dues collected. Donations to WAPA are not deductible as charitable contributions. Please see your tax advisor for additional information.