



APPLICATION FOR MEMBERSHIP

Please mail your completed application with payment of \$125 to:
One Regency Drive, P.O. Box 30, Bloomfield, CT 06002
or join online at www.connapa.org

Please check one:

FELLOW (PA & AAPA MEMBER) AFFILIATE (PA, NOT AAPA MEMBER)

Full Name and Credentials: _____

Preferred Address, City, State and Zip _____

Home Phone: _____ Cell Phone: _____

*Preferred Email: _____

Note: ConnAPA emails its members an electronic newsletter 4 times a year, up to date legislation information and CME activities, please provide a preferred email address

Employer: _____

Work Address, City, State, and Zip: _____

Work Phone: _____ Fax: _____

PA Program: _____ Month and Year of Graduation: _____

NCCPA Certified? _____ YES _____ NO If yes, NCCPA Number _____

CT License #: _____ AAPA #: _____ Specialty: _____

Interested in volunteering? Circle an opportunity in which you'd like to participate:

Membership Advocacy CME/Conference Planning Public Relations Finance Job Shadowing

I hereby apply for membership in the Connecticut Academy of Physician Assistants and if accepted, agree to support the Guidelines for Ethical Conduct for the Physician Assistant profession and the objectives of the Academy. I understand the services to which I am entitled and that the membership year is one year from date of process. I testify that the information in this application is true and accurate.

Tax deductibility of dues paid to ConnAPA as an ordinary and necessary business expense is subject to restrictions imposed as a result of lobbying activities. ConnAPA estimates that the non-deductible portion of your 2013-14 dues is 50%.

Membership Dues Option: _____ 1 Year \$125 _____ 2 Years \$225.00

» Optional Donation: I would like to make a \$ _____ donation of voluntary support to the CT PAF Student Scholarships (suggested donation - \$25).

Signature of Applicant _____ Date _____ \$ _____

VISA/MC/AMEX/DISC# _____ - _____ - _____ Expiration Date ____/____

Name Printed on Card _____ Cardholder Signature _____

Billing Address _____ City _____ State _____ Zip _____