



APPLICATION FOR GROUP MEMBERSHIP

Please send completed application form and payment to:
 ConnAPA, P.O. Box 30, Bloomfield, CT 06002
 For more information: contact the ConnAPA Office at 860-243-3977 or by emailing connapa@ssmgt.com.

GROUP INFORMATION

Group/Department Representative Name:		
Organization:	Title:	Phone:
Address:		
City:	State:	ZIP Code:
Contact Phone:	Fax:	Contact Email:

BILLING INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:

PARTICIPATING FELLOW MEMBERS

All fields are required for each member. Group or individual payments will be accepted.

Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Expiration Date:

Additional members can be added on reverse of this application

GROUP PAYMENT INFORMATION

Check Enclosed #	(Please make check payable to ConnAPA)
Credit Card # (VISA, MC, AMEX, DISC)	Exp. Date:
Name on Card:	
Signature:	

A group is defined as 2 or more PAs in the same medical group, private office, or hospital department. To verify that your group qualifies for 50% participation, groups must attach to this application a list of all PAs in the practice/group.

I authorize the verification of the information provided on this form. I have read and understand the guidelines of ConnAPA group membership.

Signed: _____ Date: _____

PARTICIPATING FELLOW MEMBERS

Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Specialty:
		Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Specialty:
		Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Specialty:
		Expiration Date:
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	Check or Credit Card #	Specialty:
		Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
PA Program and Grad date (00/00 format):	NCCPA #	AAPA #
	Check or Credit Card #	Specialty:
		Expiration Date:
Name and Credentials:	Home address:	Phone:
		Email:
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	Check or Credit Card #	Specialty:
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Name and Credentials:	Home address:	Phone:
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PA Program and Grad date (00/00 format):	NCCPA #	AAPA#
	Check or Credit Card #	Specialty:
		Expiration Date:
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