Alaska Academy of PAs | 2804 West Northern Lights Blvd, Anchorage, AK 99517 Phone: 907-646-0588 www.akapa.org

Membership Application

Name: _____ Professional Designation: _____

Email: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

Are you an AAPA Member? ❑ Yes ❑ No If yes, AAPA Member Number: _____

Please select the membership type that applies to you.

Fellow: Fellow members are defined as Physician Assistants who are licensed in and residents of Alaska, and who are Fellow members of AAPA. All fellow member can vote and hold office.

❑ Single Year $150 ❑ Three Years $405

Associate: Associate members are Physician Assistants or health care providers who do not meet the criteria for AKAPA Fellow membership. *50% active military discount available.

❑ Single Year $150 ❑ Three Years $405

Student: Student members must currently be enrolled in an accredited PA training program and must be from, reside or intend to reside in the State of Alaska following graduation.

❑ $25 Expected date of graduation _____
(Student Membership will remain current until Decmber 31st of the year of graduation)

Three year membership reflects a 10% discount. Membership is year to date.

Would you like to be contacted about serving on the board of directors or on a committee? ❑ Yes ❑ No

_____ _____
Signature Date

Print and complete form and fax or mail to:

Alaska Academy of PAs
2804 West Northern Lights Blvd
Anchorage, AK 99517
Fax: 907-562-8641
Email: info@akapa.org

Checks can be made out to;
Alaska Academy of Physician Assistants

Pay by Credit Card

Name on Card: _____

Card Type: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____