

# 2016 Membership Renewal/Application

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Preferred Address  Work  Personal WI License # \_\_\_\_\_ AAPA Member # \_\_\_\_\_

Primary Organization \_\_\_\_\_

Department/Division \_\_\_\_\_

Work Address \_\_\_\_\_ Personal Address \_\_\_\_\_

Work City & County \_\_\_\_\_ Personal City & County \_\_\_\_\_

Work State/ZIP \_\_\_\_\_ Personal State/ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Personal Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Check here if you want to be a PA Preceptor. A WAPA representative will contact you.

<b>Please check your practice specialty:</b> <input type="checkbox"/> Addiction Medicine <input type="checkbox"/> Family Practice <input type="checkbox"/> Pediatrics <input type="checkbox"/> Allergy, Asthma & Immunology <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Anesthesia <input type="checkbox"/> Hospice & Palliative Medicine <input type="checkbox"/> Psychiatry <input type="checkbox"/> Cardiology <input type="checkbox"/> Nephrology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Cardiovascular Surgery <input type="checkbox"/> Neurosurgical <input type="checkbox"/> Surgical <input type="checkbox"/> Dermatology <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/> Urology <input type="checkbox"/> Ear, Nose & Throat <input type="checkbox"/> Occupational Medicine <input type="checkbox"/> Other <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Oncology <input type="checkbox"/> Endocrinology <input type="checkbox"/> Orthopedic Surgery			<b>Please check your committee interest:</b> <input type="checkbox"/> Education <input type="checkbox"/> Diversity <input type="checkbox"/> Legislative & Government Affairs <input type="checkbox"/> Membership <input type="checkbox"/> Professional Practice <input type="checkbox"/> Professional Wellness <input type="checkbox"/> Public Relations <input type="checkbox"/> Standing Rules & Policies <input type="checkbox"/> Website
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**Fellow (\$150)** A fellow member of the AAPA, a Wisconsin PA on the active or inactive MEB list, or a Wisconsin PA who is NCCPA certified and a graduate of an AMA approved PA program.

**Member (\$150)** Must meet the same qualifications as above except **not** an AAPA fellow member.

**Affiliate (\$150)** An out-of-state PA or anyone not recognized as a PA by the MEB (not a graduate of an AMA approved PA program or not NCCPA certified) or a physician, nurse, administrator, etc.

**Organizational (\$150)** Clinic, hospital, nursing home, university health service or other institution providing health care.

**Sustaining (\$50)** Fellow or Member of WAPA for a minimum of five (5) preceding years AND has retired from clinical practice or is leaving clinical practice as a PA for an indefinite period of time. A PA who is employed on a more than casual call/PRN basis does not qualify.

**Student (\$20)** **Graduation Year:** \_\_\_\_\_ **PA School/Program:** \_\_\_\_\_  
*Fee covers membership through graduation. You will then receive complimentary fellow membership until the end of the calendar year.*

**Hardship** Please contact the WAPA office at 800-762-8965.

**Total Enclosed: \$** \_\_\_\_\_ *Note: The dues year is January-December. Dues are not prorated.*

**Method of Payment:**  Check \_\_\_\_\_  Credit Card ( Visa / MasterCard / Discover/American Express )

Card # _____	Expiration Date _____	Security Code _____
Name on Card _____		
Signature _____		

31.7% of WAPA dues for 2016 are not deductible as a section 162 business expense for federal income tax purposes due to section 6033(e) lobbying activities notice and reporting requirements. (This is not a PAC.) Please keep this notice with your tax records.

Return this form and payment to:  
 Wisconsin Academy of Physician Assistants  
 563 Carter Ct, Ste B • Kimberly, WI 54136  
 920-560-5630 • Fax: 920-882-3655  
 wapa@badgerbay.co • www.wapa.org