

The Minnesota Academy of Physician Assistants
Membership Form

New Member Renewal (please update your profile information as necessary)

Name:

MAPA ID:

Preferred

address: Home ___ Work ___

Gender: Male Female

Clinic Name:

Designation:
(required)

Address:

home work

City, State, Zip:

Work Phone:

Fax:

Home Phone:

Email
(required),
personal email
preferred:

PA School:

Grad Date:

Practice

Specialty:

Birth Date:

- Fellow:** \$150 annual dues AAPA ID# (required for this category) _____
(must be fellow member of AAPA)
- Sustaining:** \$150 annual dues NCCPA ID# (required for this category) _____
(non-practicing PA or is not a fellow member of AAPA)
- Student:** \$50 annual dues Dues for student membership extend three months after your graduation, at which point you will become eligible for Fellow or sustaining membership status.
- Pre-PA Student:** \$45 one-time fee Dues for MAPA Pre-PA student membership is valid for "up to" four years or until you are enrolled in a PA program.
- Fellow:** **NEW GRAD DISCOUNT \$75.00 for 12 month membership (reg. \$150)**
AAPA ID # (required) _____
Must be a fellow member of the American Academy of Physician Assistants in good standing.
- Sustaining:** **NEW GRAD DISCOUNT \$75.00 for 12 month membership (reg. \$150)**
NCCPA ID # (required) _____
A PA eligible for fellow membership who is not practicing or is not a fellow member of the AAPA.
- Retired PA:** \$75.00 annual dues a retired member must have been a member in good standing of the Minnesota Academy of Physician Assistants for a minimum of five years (not necessarily in succession and not necessarily the last five years). A retired member must be fully retired from gainful employment as a PA.
- Affiliate:** \$100 annual dues An Affiliate member is a person who is ineligible for the Fellow or Sustaining categories and wishes to associate with the organization and is approved by the Board of Directors.
- Auto Renewal:** \$150 annual dues *Option only available to Fellow and Sustaining members, payments will be deducted automatically once a year by credit card. Please contact Latisha Gums – MAPA Membership Coordinator at 952-224-3873 if you are interested in setting up your account for auto renewal.
- Suggested Donation:** \$20

I hereby apply for membership in the Minnesota Academy of Physician Assistants and testify that the information listed in this application is true and accurate.

Signature Date

Pay by Credit Card:

Name on Card	Email Address	Billing Address	City/State/Zip
AMX, VISA, MC, Discover			
Card Number	CVV	Expiration	
OFFICE USE:	Processed Using: YM/Affinipay	Profile Updated: Yes	

Pay by check: Please make checks payable to MAPA