



WISCONSIN ACADEMY OF PHYSICIAN ASSISTANTS

2010 WAPA Membership Application/Renewal Invoice

Note: Dues year is January-December. Dues are not prorated. Mailing lists and directory information are prepared based on the information provided.

Name: _____ Credentials: _____

Email: _____

Please indicate your preferred method of contact (check one):

Work

Home

Employer: _____

Address: _____

City, State, ZIP: _____

County: _____

Phone: _____

Fax: _____

WI License #: _____ AAPA Member #: _____ WAPA Member #: _____

Check here if you would prefer to receive *the Spectator* by email.

<input type="checkbox"/>	Fellow (\$125.00)	Is a fellow member of the AAPA, a Wisconsin PA on the active or inactive MEB list (is currently or was at one time state certified in Wisconsin), or must be a Wisconsin PA who is NCCPA certified and a graduate of an AMA approved PA program.
<input type="checkbox"/>	Member (\$125.00)	Must meet the same qualifications as above except not an AAPA fellow member.
<input type="checkbox"/>	Affiliate (\$125.00)	Is 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.
<input type="checkbox"/>	Organizational (\$125.00)	Clinic, hospital, nursing home, university health service or other institution providing health care.
<input type="checkbox"/>	Student (\$10.00)	Note year of graduation: _____ School Attending: _____ This fee covers membership through graduation, at which time you will receive complimentary fellow membership until the end of the calendar year.
<input type="checkbox"/>	Hardship	Please contact the WAPA office at 800-762-8965 for more information.

I am interested in serving on the following committee(s):

- Continuing Medical Education
- Diversity
- Legislative & Governmental Affairs
- Membership
- Nominations and Elections
- Professional Practice
- Professional Wellness
- Public Education/Relations
- Standing Rules & Policies
- the Spectator*
- Website

Future WAPA Conferences

April 14-16, 2010
Wilderness Hotel and Golf Resort
Wisconsin Dells

October 6-8, 2010
Holiday Inn Hotel and Convention
Center
Stevens Point

March 30-April 1, 2011
Grand Geneva
Lake Geneva.

Total Enclosed: \$ _____	
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa / MasterCard / Discover)	
Card #	_____
Expiration Date	Security Code
Signature	_____
Billing Address	_____

Please return this completed form and payment (checks payable to WAPA) to:
Wisconsin Academy of Physician Assistants
702 Eisenhower Drive, Suite A • Kimberly, WI 54136
800-762-8965 • 920-560-5630 • Fax: 920-882-3655
Web site: www.wapa.org