



# WISCONSIN ACADEMY OF PHYSICIAN ASSISTANTS

## 2008 WAPA Membership Application/Renewal Invoice

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ WI License #: \_\_\_\_\_

AAPA Member #: \_\_\_\_\_ WAPA Member #: \_\_\_\_\_

I would prefer to receive *the Spectator* by email.

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

- Continuing Medical Education
- Membership
- the Spectator*
- Constitution & Bylaws
- Professional Wellness
- Professional Practice
- Legislative & Governmental Affairs
- Public Education/Relations
- Corporate Relations
- Website
- Nominations and Elections
- Diversity

**Membership Category:**

- 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.
- Member (\$125.00):** Must meet the same qualifications as above except **not** an AAPA fellow member.
- 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.
- Organizational (\$125.00):** Is a clinic, hospital, nursing home, university health service or other institution providing health care.
- Student (\$10.00)** This fee covers membership through graduation at which time you will receive complimentary fellow membership until the end of the calendar year.  
**PLEASE NOTE YEAR OF GRADUATION:** \_\_\_\_\_  
School Attending: \_\_\_\_\_
- Hardship:** Please contact the WAPA office at 800-762-8965 for more information.

**Future WAPA Conferences:**

**April 2-4, 2008**  
**The American Club, Kohler**

**October 15-17, 2008**  
**Radisson Paper Valley, Appleton**

**March 31-April 4, 2009**  
**Kalahari Resort, WI Dells**

\$ \_\_\_\_\_ **PAYMENT**

**If paying by credit card, please complete the following:**

Please charge my: \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

VID# \_\_\_\_\_ (Last 3 digits on the back of your credit card)

Signature: \_\_\_\_\_

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](http://www.wapa.org)