

PO Box 1252
 Millersville, MD 21108
 410-818-MAPA (6272)



Join or Renew On-Line
www.mdapa.org

MEMBERSHIP APPLICATION

All applicable information must be filled in. Please print or type *Required Fields

*First Name		*Last Name			Middle Initial
*Street Address		*City	*State	*Zip	*County
Phone		*Opt in for Text Messaging YES <input type="checkbox"/> NO <input type="checkbox"/>		*Email	
State License #	AAPA #	NCCPA #	PA Program Attending/Attended	Graduation Year	

*Specialty Primary Care/Family Practice Urgent Care Internal Medicine Emergency Medicine Pediatrics
 OB/GYN Hospitalist Cardiology Orthopedics Psychiatry Oncology/Hematology Academics
 Administrative General Surgery Surgery Subspecialty Occupational Medicine Other _____

Employer Type Hospital/ System Physician group: multispecialty Single specialty Solo practice
 FQHC/Rural health center Government/Military Self Employed Academic Corrections Other _____

Fellow & Associate Membership Term is One Year Renewable Annually
Two-year Terms are also available as well as Automatically recurring payments through the Square

<input type="checkbox"/> Fellow \$125.00	All fellow members are encouraged to be fellow members of the AAPA. Those who choose not to be members of AAPA, may not participate in any issues pertaining to AAPA, they may vote, hold state or national office, serve on or chair a committee, have floor privileges, and will receive publications and discounts.
<input type="checkbox"/> Associate \$75.00	Open to non-PAs (or to PAs who belong to another state chapter or are in the military) who wish to support and maintain a formal relationship with MAPA. PAs should provide a copy of their active membership card from their other state academy (or military ID) to qualify for this rate. This category is appropriate for Pre-PA students. <i>You may not renew or apply online for this category.</i> These members shall not vote, hold office, serve on or chair committees.
<input type="checkbox"/> Student \$50.00 (2 years)	The student member is an individual who is enrolled in an ARC-PA accredited program, they may not hold an elected office of the Board of Directors, they also may not participate in any issues relating to AAPA such as voting for delegates, submitting resolutions, or being an elected Maryland delegate to the AAPA House of Delegates.

Yes No * I would be willing to have a shadow or be contacted regarding shadowing.
 Yes No * I am interested in participating in MAPA at some level, you may contact me regarding the various areas.
 Yes No * I would be willing to be a preceptor or be contacted regarding precepting

<input type="checkbox"/> Membership \$ _____ <input type="checkbox"/> Scholarship Donation \$ _____ <input type="checkbox"/> PA-PAC Donation \$ _____ <input type="checkbox"/> Legislative Donation \$ _____	TOTAL \$ _____	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card # _____ CVV _____ Expiration _____ Checks are payable to MAPA
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***I'm applying for membership in MAPA and agree to have payment above charged to my credit card and agree to uphold the PA Profession's Code of Ethics and to support the efforts of the Academy.**

Signature _____ **Date** _____