

## **Missouri Academy of Physician Assistants**

222 S. Westmonte Drive Ste 111, Altamonte Springs, FL 32714 • www.moapa.org 407-774-7880 • info@moapa.org

## MEMBERSHIP APPLICATION

Name:	Designation:
Home Address:	
City, State, ZIP:	
Work Address:	
City, State, ZIP:	
Home Phone:	Work Phone:
E-mail:	Fax Number:
Practice Specialty:	
NCCPA Certification #:	Program Attended:
Current AAPA Member: Yes	_No AAPA Membership #:
I am applying for membership ir	the following category:
Fellow: <b>PA practicing</b> i	n the state and <b>AAPA member</b> - \$125 per year
Associate: <b>PA practici</b> per year	g in the state and <b>not AAPA member</b> (non-voting) - \$125
Affiliate: <b>Non-PA</b> wishir year	g to be associated with MOAPA (non-voting) - \$125 per
\$40 for 2 years	nbership through June of graduating year (non-voting) - m Program Director; please provide your graduation date:
,	n is complete and accurate, to the best of my knowledge. I mation or giving false information may invalidate my expulsion from MOAPA.
Signature	Date:
Make check payable to <b>Miss</b>	ouri Academy of Physician Assistants and mail to:

222 S. Westmonte Drive Ste. 111
Altamonte Springs, FL 32714
To pay via credit card, apply online at www.moapa.org

Please help us achieve our legislative goals and develop relationships with legislators by making a contribution to the MOAPA Political Action Committee. You may combine the payment with your dues, or pay separately to MOAPA PAC. **\$25 \$50 \$100 Other** 

Contributions or gifts to the Missouri Academy of Physician Assistants (MOAPA) may be deductible as an ordinary and necessary business expense. Dues, however, are NOT deductible as a result of lobbying activities which are regulated by federal lobbying laws. Questions about the valid tax deductibility should be discussed with your tax advisor.