



IDAHO ACADEMY OF PHYSICIAN ASSISTANTS 2010 MEMBERSHIP NOTICE

Become a Member Today!

✓ Membership Categories (Choose only ONE category)

<input type="checkbox"/> Fellow Dues: \$125.00 Physician assistants who practice within the State of Idaho and who are also members of the AAPA. Eligible to vote and hold any office within the IAPA.	<input type="checkbox"/> Physician Dues: \$125.00 Physicians are extended the courtesy of the floor privileges at membership meetings, but may not vote or serve as officers or representatives.
<input type="checkbox"/> Affiliate Dues: \$125.00 Physician assistants practicing in Idaho who are not members of the AAPA. Entitled to privileges of the floor at membership meetings and may serve on committees, task forces, or be regional representatives. May not vote on AAPA related issues or be elected as IAPA officers.	<input type="checkbox"/> Out of State Dues: \$125.00 Physician assistants who are residing in other states who wish to belong to the IAPA. Entitled to privileges of the floor at membership meetings, but may not vote nor hold office.
<input type="checkbox"/> Associate Dues: \$125.00 A person engaged in selling products or services to PA's, an individual employed by a government agency, or those belonging to other health care professions. May not vote or serve as officers or representatives, but are extended the courtesy of the floor privileges at membership meetings.	<input type="checkbox"/> Student Dues: \$20.00 Student must be currently enrolled in a recognized PA program. May be elected to a representative position on the IAPA Board, and are extended privileges of the floor at membership meetings.

✓ Membership Information

Name: _____

Clinic Name: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Supervising Physician: _____

Email: _____

(Please provide an email address to receive important updates and other information)

Home Address: _____

Home Phone: _____ Home Fax: _____

IAPA Volunteer Interests: _____

✓ Payment

Check payable to IAPA enclosed. You may charge my: VISA MC AMEX

Card Number: _____ Expiration: _____

Print Name on Card: _____ Signature: _____