



Michigan Academy of Physician Assistants

MEMBERSHIP APPLICATION

1390 Eisenhower Place * Ann Arbor, MI 48108
734.353.4752 * (toll-free) 1.877.YES.MAPA (937-6272) * Fax: 734.677.2407
mapa@michiganpa.org * www.michiganpa.org

Name: _____ PA-C PA-S Other: _____ Gender: M/F

Preferred Address: Work Home

Company: _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

W Phone: () _____ H Phone: () _____ Cell: () _____ Fax: () _____

Email: _____ Birth date: _____

Exclude from member directory. Exclude from email blasts. Interested in MAPA involvement.

MEMBERSHIP CATEGORIES

- Fellow \$190 (a certified PA within the state of MI) *Term - 12 months from month of payment*
- New Graduate \$115 (1st year as certified PA, post graduation) *Term - 12 months from month of payment*
- Fellow Auto \$171 (Discount for agreeing to automatically renew Fellow member dues via listed credit card below every year)

State of MI PA License #: _____ PA Program Attended: _____ Year Graduated _____

Primary Specialty: _____ Supervising Physician: _____

I am available for precepting. I am available for shadowing.

- Student \$40 (student of a Board approved PA program below) *Term - one-time fee for entire student status*

PA Program: CMU EMU GVSU UD Mercy WSU WMU Expected Graduation Year: _____

- Associate \$115 (an out-of-state PA, retired, or otherwise inactive from clinical practice) *Term - 12 months from month of payment*

I am retired. I am an inactive PA with expired license. I reside out of state.

- Affiliate \$65 (non-PAs or non-PA student with a professional interest in the PA profession) *Term - 12 months from month of payment*

I am an MD/DO I am a pre-PA student applying for PA program. I am other: _____

PAYMENT INFORMATION

Check # _____ Visa AmEx MC Disc

CC #: _____ Exp. Date: _____ CVV: _____

Name On CC: _____ CC Billing Address: _____

City: _____ State: _____ Zip: _____ Signature: _____

By applying for membership in MAPA, if accepted, members agree to abide by the bylaws and PA code of ethics. Copies of bylaws and PA code of ethics available upon request or on the MAPA website. You will receive an e-mail confirmation with your log in information once your payment has been received. Approximately two weeks after your renewal is received, you will be mailed your membership packet. As required by section 6033(e) of the Internal Revenue Code, we are required to inform you that 24% of your state membership dues are allocated toward expenses incurred by the Michigan Academy of Physician Assistants for state lobbying activities. This amount is not deductible for federal income tax purposes. Thank you for your support of MAPA!

Signature: _____

Please fill out this application in its entirety and return with payment to the MAPA office. Checks made payable to MAPA.
Mail to: MAPA * 1390 Eisenhower Place Ann Arbor, MI 48108 or Fax to: 734.677.2407.

Thank you for your support of MAPA!