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# APPLICATION FOR MEMBERSHIP OR RENEWAL

DATE \_\_\_\_\_

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

FELLOW: \$75.00 (PAs who are AAPA members in good standing. These members are eligible to vote and hold office.  
**Please include AAPA #** \_\_\_\_\_

ASSOCIATE: \$75.00 (PA who is not an AAPA member. These members are eligible to vote on non-AAPA matters and hold offices, except executive board offices.

AFFILIATE: \$100.00 (A non-PA or PA who is not an AAPA member)  
(A non-PA requires board approval. Affiliate members not eligible to hold office except director-at-large. May be entitled to privileges of floor and vote except for on officers.)

STUDENT: \$30.00(Enrolled in an ARC-PA accredited PA Program)

PHYSICIAN: \$100.00

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*Membership dues are for 1 year, based on the month you join. You can sign up for automatic yearly renewal.*

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**Make Checks payable to: NAPA**  
**Send to: PO Box 93381**  
**Las Vegas, Nevada 89193**  
**or join online at [www.nevadapa.com](http://www.nevadapa.com)**

MEMBER DATA

Name\_\_\_\_\_

Specialty\_\_\_\_\_

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

City/State\_\_\_\_\_ Zip\_\_\_\_\_

Phone Number\_\_\_\_\_

Email Address\_\_\_\_\_

Company/Group Name\_\_\_\_\_

Company Address\_\_\_\_\_

City/State\_\_\_\_\_ Zip\_\_\_\_\_

Are you willing to Mentor a PA Student? Y\_\_\_ N\_\_\_

May your information be published in the NAPA membership directory? Y\_\_\_ N\_\_\_