

DAPA MEMBERSHIP APPLICATION - (for the period of Jan 1, 2009 thru December 31, 2009)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____

E-Mail Address: _____

PA Program Attended (if applicable): _____

Year Graduated: _____

Practice Specialty: _____

Employer: _____

Work City: _____ Work State: _____

Are you licensed as a PA in Delaware? Yes___ No___

Are you presently an AAPA member? Yes___ No___

Check one of the following to complete your application:

___ **Fellow Member: \$75.00/year** (I'm a PA and belong to AAPA, and I live/work in Delaware)

___ **Affiliate Member: \$75.00/year** (I'm a PA but I don't belong to AAPA, or I don't work/live in Delaware)

___ **Student Member: \$10.00/year**

___ **Associate Member: \$10.00/year** (supporters)

Signature: _____ Date: _____

Make check payable and send to the:

“Delaware Academy of Physician Assistants”

111 Continental Drive, Suite-201

Newark, DE 19713

Thank you!