

**DAPA MEMBERSHIP APPLICATION - (for the period of Jan 1, 2008 thru December 31, 2008)**

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!**