



OSPA
PO Box 55214
Portland, OR 97238
(503) 650-5864 - (360) 256-5597 (Fax)
www.oregonpa.org - ospa@oregonpa.org

Oregon Society of Physician Assistants
2012 Membership Application

(Registration Also Available Online at www.oregonpa.org)

Name: _____ Date: _____
First Last MI Designation

Business Name: _____

Business Address: _____

Home Address: _____

Telephone: _____ E-Mail: _____
Home Business Cell

Supervising Physician: _____
First Last Designation

Program Attended: _____ Graduation Year: _____ DOB: _____

AAPA Member: Yes No AAPA Member Number: _____

Please select the practice description that best applies to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Education/Administration | <input type="checkbox"/> Cardiology/Cardiothoracic Surgery | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Emergency Medicine/Urgent Care | <input type="checkbox"/> Family Practice/Primary Care | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Neurology/Neurosurgery | <input type="checkbox"/> Orthopedics/ Orthopedic Surgery | <input type="checkbox"/> Student |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Other (please specify) _____ | |

Practice setting: Clinic Hospital Rural Urban Private Other _____
(Please Check All That Apply)

Membership Fees (Please Select the Membership Category that Best Applies to You)

- | | |
|--|---|
| <input type="checkbox"/> \$150 PA and Supervising Physician (PA and Supervising Physician: PA would be considered as either Fellow or Affiliate, based on AAPA membership) | <input type="checkbox"/> \$125 Affiliate (Affiliate: PA but not an AAPA member) |
| <input type="checkbox"/> \$125 Fellow | <input type="checkbox"/> \$75 First Year in State |
| <input type="checkbox"/> \$55 Out of State or Military | <input type="checkbox"/> \$55 Associate |
| <input type="checkbox"/> \$75 Unemployed | |
| <input type="checkbox"/> \$25 Student (Student: Enrolled in or registered for a PA program. Dues cover entire PA school enrollment, through the end of December after graduation.) | |

Payment Information

Please select payment type: Credit Card \$ _____ Check \$ _____

Credit Card: Visa Card # _____ Mastercard # _____

Name as it appears on the card: _____ Expiration Date: _____ Security Code: _____

Signature: _____

Check – Make check payable to: OSPA

Please note the following information: Return Application with Check or Credit Card Information to: OSPA, PO Box 55214, Portland, OR 97238
 A portion of dues may be deducted as an ordinary and necessary expense. Please contact the OSPA office for more information.