



OSPA  
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 www.oregonpa.org - ospa@oregonpa.org

## Oregon Society of Physician Assistants 2019 Membership Application—Invoice (Registration Also Available Online at [www.oregonpa.org](http://www.oregonpa.org))

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last MI Designation

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Business Cell

Secondary E-Mail: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_  
First Last Designation

Name of Your Referral (if applicable): \_\_\_\_\_  
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"/> Surgery           |
| <input type="checkbox"/> Other (please specify) _____      |  |  |

Practice setting:  Clinic     Hospital     Rural     Urban    Other \_\_\_\_\_  
(Please Check All That Apply)

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

- |  |   |
|--|---|
| <input type="checkbox"/> \$200 PA and Supervising Physician (PA and Supervising Physician: PA would be considered as either Fellow or Affiliate, based on AAPA membership) | <input type="checkbox"/> \$175 Affiliate (Affiliate: PA but not an AAPA member) |
| <input type="checkbox"/> \$175 Fellow  | <input type="checkbox"/> \$100 Retired (No longer practicing as a PA)           |
| <input type="checkbox"/> \$175 Associate (Not a PA, but wishing to support the OSPA)   |   |

### Payment Information

Payment type:  Credit Card     Check      Amount Being Paid \$ \_\_\_\_\_

Credit Card:  Card # \_\_\_\_\_ Expir. Date \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Check — Make check payable to: OSPA**

Membership dues are not deductible as a charitable contribution for income tax purposes. However, they may be deductible as ordinary and necessary business expense or an itemized miscellaneous deduction subject to the restrictions imposed as a result of OSPA's lobbying activities. It is estimated that the nondeductible portion of your dues spent on lobby activities is 60%.