



Oregon Society of Physician Assistants

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

Oregon Society of Physician Assistants
2018/2019 Membership Application – Invoice
(Registration Also Available Online at www.oregonpa.org)

I Want to Support the PA Community
Count me in as an OSPA Member for 2018 – \$175

Better Yet, Extend my OSPA Membership
Until the end of 2019 for just \$100 more – \$275

Name: _____

Business Name: _____

Business or Home Address:

Home/Cell/Business Phone _____ E-Mail: _____

Supervising Physician: _____ AAPA Member: Yes AAPA Mbr. # _____
First Last Designation No

Program Attended: _____ Graduation Year: _____

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 (PA who is also an AAPA Member) | <input type="checkbox"/> \$100 Retired (No longer practicing as a PA) |
| <input type="checkbox"/> \$100 Associate (Non-PA healthcare provider or industry representative wishing to support the OSPA) | |
| <input type="checkbox"/> Count Me In on the 2 Year Membership Special – Just \$100 More! | |

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
Mail to – OSPA, PO Box 55214, Portland, OR 97238

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