



The Minnesota Academy of Physician Assistants

Membership Application

Membership is valid for 12 months from the date of application.

Name: _____ MAPA ID: _____
Preferred address: Home ___ Work ___ Gender: Male [] Female []
Clinic Name (only if preferred): _____
Address: _____
City, State, Zip: _____
Work Phone: _____ Fax: _____
Home Phone: _____
Email: _____
PA School: _____ Grad Date: _____
Practice Specialty: _____ Birth Date: _____

MN districts based on home address: US Congress ___ MN Senate ___ MN House District ___
To look it up, visit http://geo.commissions.leg.state.mn.us/districts/

- I prefer to receive impAct newsletter by: Mail [] Email []
[] I am willing to have potential PA applicants shadow me in my practice on an occasional basis.
[] I am willing to help arrange for a PA student to do a clinical rotation in my practice
[] I am willing to serve as a mentor for a Minnesota-affiliated PA student this year.

Your contact information will be included in the membership directory, which is circulated only to MAPA members. If you prefer that some information remains unlisted, please mark the appropriate box:

Do not include: [] my address [] my home phone [] my work phone [] my email address

MAPA sells member mailing labels to carefully selected organizations for one-time use. This revenue helps to keep dues low, and never includes phone numbers and email addresses. The vast majority of these mailings are CME announcements. Mark the box below only if you wish to be excluded from such announcements:

[] Do not include my name in any lists provided to outside organizations

- [] Fellow: \$125 annual dues Enter AAPA ID # (required for this category) _____
Must be a fellow member of the American Academy of Physician Assistants in good standing.
[] Sustaining: \$125 annual dues NCCPA ID # (required for this category) _____
A PA eligible for fellow membership who is not practicing or is not a fellow member of the AAPA.
[] Online Subscription to Medical Letter: \$15 annually Member Benefit offered at a discounted rate of \$15, normally \$89 annually. Please check if you would like to subscribe to the online Medical Letter.

Total Enclosed: \$: _____ Checks Payable to: MAPA
Please return payment with your completed form. In accordance with IRS regulations, 40% of your dues are a non-deductible lobbying expense for federal income tax purposes.

I hereby apply for membership in the Minnesota Academy of Physician Assistants and testify that the information listed in this application is true and accurate.

Signature Date