

SOUTH CAROLINA ACADEMY OF PHYSICIAN ASSISTANTS

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MEMBERSHIP APPLICATION

Please complete the following application for membership into the South Carolina Academy of Physician Assistants. Membership follows the calendar year except for student membership, which runs for the duration of enrollment in school and until the renewal date following graduation. **Please print clearly.**

Name: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ **Fax:** _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Email:** _____

SC License #: _____ **AAPA #:** _____ **NCCPA #:** _____

Preferred address: For mail: Office Home **For directory list:** Office Home None

Practice Specialty: _____

Referred for membership by: _____

CATEGORIES OF MEMBERSHIP: *Please check one.*

- Fellow – PAs who are members of both SCAPA and AAPA; have full SCAPA voting privileges. Membership runs January through December.
- Associate- PAs who are members of SCAPA but not AAPA; have limited SCAPA voting privileges. Membership runs January through December.
- Affiliate – PAs who are no longer in practice or PAs outside of SC; have no voting rights. Membership runs January through December.
- Student – Students enrolled in an accredited PA program. Membership runs through graduation year.

School: _____ Graduation: _____

DUES: *Please check one.*

- Fellow - \$100
- Associate- \$100
- Affiliate - \$50
- Student - \$25

VOLUNTEER LEADERSHIP:

The work of SCAPA is done through its committees. If you are willing to serve on a committee, please check areas of interest below:

- CME Planning
- Membership
- Legislative
- Public Education
- Diversity
- Reimbursement
- Wellness/Impairment
- Communications

PAYMENT OPTIONS: Check or money order enclosed

MC, VISA, AMEX

Card Number _____

Exp Date _____ Security Code _____

Name on card _____

Billing address for card _____

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent by or on behalf of the South Carolina Academy of Physician Assistants.

Signed _____