



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

Oregon Society of Physician Assistants
 2017 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"/> \$175 PA and Supervising Physician (PA and Supervising Physician: PA would be considered as either Fellow or Affiliate, based on AAPA membership) | <input type="checkbox"/> \$150 Affiliate (Affiliate: PA but not an AAPA member) |
| <input type="checkbox"/> \$150 Fellow | <input type="checkbox"/> \$75 Retired (No longer practicing as a PA) |
| <input type="checkbox"/> \$150 Associate (Not a PA, but wishing to support the OSPA) | |
| <input type="checkbox"/> \$25 Student (Student: Currently enrolled or registered in an Oregon PA program.) | |

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%.