



Oregon Society of Physician Assistants

OSPA  
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Portland, OR 97238  
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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](http://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 Partner and Healthcare Sector Supporters)  |   |
| <input type="checkbox"/> <b>Count Me In on the 2 Year Membership Special – Just \$100 More!</b>  |   |

**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*