



NJSSPA MEMBERSHIP APPLICATION

Membership Cycle July 1- June 30

Membership Categories (select one)

- \$90 - Fellow Member** – NCCPA Certified AAPA member. Entitled to full voting privileges and may hold an elected or appointed office.
- \$45 - Affiliate Member** – Certified or Board Eligible PA who is not an AAPA member or who is a fellow member in another state or is a physician licensed to practice medicine in the US. Not entitled to vote or hold office.
- \$30 - PA Student Member** – Enrolled in an approved educational program. Shall not vote on issues regarding the AAPA. A one-time dues payment of \$30 maintains membership in NJSSPA as long as the student is enrolled in a physician assistant program.
- \$20 - Undergraduate Student** – A person interested in entering a PA program. Shall not vote on issues regarding the AAPA.
- \$35 – Physician Partnership** – A supervising physician of a PA licensed and practicing in NJ and supportive of fostering PAs as a part of the healthcare team. Not entitled to vote or hold office. \$35 fee for up to three supervising physicians, then \$5 per additional physician member.
- \$250 - Corporate Sponsors** - Any state chapter or other group of physician assistants, professional groups or person that wishes to give support to NJSSPA.

Information:

Personal

Name _____
 Address _____

 Business Address _____

 Email _____
 Home Phone _____
 Business Phone _____
 Practice Specialty _____

Professional

AAPA Member # _____
 NCCPA # _____
 NJ License # _____
 County of Practice _____
 Have you ever been convicted of a crime other than a minor traffic violation? _____
 Explain _____

Signature _____
 Dues Amount _____
 NJSSPA Donation _____
 NJ PA Foundation Donation _____
 Total Enclosed _____

- Check here if you do not want NJSSPA to include your name when selling our mailing list
 - Check here if you do not want to be listed in the on-line directory
 - Check here if you do not want your dues used towards lobbying costs
- Please allow 4 to 6 weeks for processing

NJPA Foundation's mission is to establish and uphold charity, philanthropy and higher learning that supports advances in health care in New Jersey. This is a tax-deductible contribution.

Please return to: NJSSPA
 PO Box 1
 760 Alexander Road
 Princeton, NJ 08543

For office use only
 Date received _____
 Check # _____
 Date Entered _____