



**Missouri Academy of Physician Assistants**  
**Membership Application**  
*www.MOAPA.org*

Name: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
 Preferred Mailing Address Home \_\_\_\_\_ Work \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Practice Specialty: \_\_\_\_\_

NCCPA Certification #: \_\_\_\_\_ Program Attended: \_\_\_\_\_  
 Current AAPA Member: \_\_\_\_ Yes \_\_\_\_ No AAPA Membership Number: \_\_\_\_\_

I am applying for membership in the following category:

- \_\_\_\_ Fellow; *PAs practicing* in the state and *AAPA members* - \$125/Year
- \_\_\_\_ Associate; *PAs practicing* in the state and *not AAPA members* (non-voting) - \$125/Year
- \_\_\_\_ Affiliate; *Non-PAs* wishing to be associated with MOAPA (non-voting) - \$125/Year
- \_\_\_\_ Student; \$20/2 Years, thru June of graduating year (Include a letter of verification from Program Director) **Graduation Date:** \_\_\_\_\_

Would you like for your name to be published in our annual membership directory? \_\_\_\_ Yes. \_\_\_\_ No.

MOAPA has my permission to release this information to individuals interested in purchasing membership information.  
 \_\_\_\_ Yes. \_\_\_\_ No.

I certify that the above information is complete and accurate, to the best of my knowledge. I understand that withholding information or giving false information may invalidate my membership and be just cause for expulsion from MOAPA.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to **Missouri Academy of Physician Assistants** and mail to:  
**MOAPA**  
 PO Box 1865  
 Jefferson City, MO 65102

Please help us achieve our legislative goals and develop relationships with legislators by making a contribution to the MOAPA Political Action Committee. You may combine the payment with your dues, or pay separately to MOPA PAC. You may also set up direct monthly debits from a bank account

- One-time contribution**       **Monthly debit from checking account**  
 \$25     \$50     \$100     Other \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing Number \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 Account Number: \_\_\_\_\_  Checking       Savings  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: Membership dues to the Missouri Academy of Physician Assistants and PAC contributions are NOT tax deductible.*  
 Contact us with questions: **573-634-3448** or by e-mail at **info@MOAPA.org**