

2010 - 2011 Membership Application
Society of Physician Assistants in Rheumatology (SPAR)



P.O. Box 82501 • Tampa, FL 33682

Phone: (813) 988-7795 • Fax: (813) 988-7796

Email: SPAR@Focus-ED.net • Web: www.rheumpas.org

I prefer to receive mail at my: _____ Home Address _____ Work Address
Name: _____
Street/Apt: _____
City: _____ State: _____ Zip Code: _____
Business/Clinic Name: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers: H: _____ W: _____ C: _____ Fax: _____
Email Address: _____

Annual fee covers the fiscal year of July 1, 2010 through June 30, 2011.

Membership Categories: Please mark your appropriate designation

- _____ \$40.00 **Fellow Member** – Must be a graduate of an approved PA program;
Fellow member of AAPA and is entitled to vote and hold office.
NCCPA certification # _____ AAPA # _____
- _____ \$40.00 **Affiliate Member** – Same as fellow but need not be a fellow of AAPA;
includes practicing and non- practicing PAs both in and out of
rheumatology or orthopedics.
- _____ \$10.00 **Student Member** – Student enrolled in accredited PA program
- _____ \$40.00 **Physician Member** – Any Rheumatology/Orthopedic physician who desire to
associate with SPAR.
- _____ \$40.00 **Associate Member** – Representatives of businesses engaged in selling products or
services to physician assistants or individuals employed in government agencies
who otherwise do not qualify for other membership categories.

Please let us know if you would be interesting in volunteering with SPAR. _____ Yes _____ No
Special Interests: _____

Example: photography, desktop publishing, writing, flower arrangements, etc.

_____ If you DO NOT wish to have your contact information released to professional organizations
which we deem appropriate, please check here.

Please make your check payable to: SPAR • PO Box 82501 • Tampa, FL 33682

Tax ID# 54-2108972