



Society of Physician Assistants in Rheumatology

950 N. Washington St., Alexandria, VA 22314

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2009 - 2010 Membership Application

I prefer to receive mail at: Home address Work Address

Name: _____

Home Address: _____

Street

City State zip code

Work Address: _____

Business/Clinic Name

Street

City State zip code

Phone Numbers: H _____ W _____ Fax _____

Email Address: _____

Membership Categories: Please mark your appropriate designation; annual fees cover the period July 01 through June 30.

- \$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.
- \$40.00 **Student Member** – Student enrolled in accredited PA program
- \$40.00 **Physician Member** – Any Rheumatology/Orthopedic physician who desire to associate with the organization.
- \$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, et cetera

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

Tax ID# 54-2108972

Please make your check payable to SPAR · 950 N. Washington St. · Alexandria, VA 22314