



**ASSOCIATION OF PHYSICIAN ASSISTANTS IN OBSTETRICS & GYNECOLOGY
2010 MEMBERSHIP APPLICATION/DUES RENEWAL**

Name: _____ Credentials: _____

Email: _____

Please indicate your preferred method of contact (check one):

Work

Home

Employer: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

I prefer to be omitted from mailing lists sold for continuing education purposes.

I would like to be listed in the database of Ob/Gyn preceptors.

This list will not be made public, and will be maintained by APAOG administration. PA Program administrators will contact APAOG with a request and APAOG will contact members in the database who can accept or decline an opportunity to precept a PA student.

Professional Information	Please check your area of interest.	
	Subspecialty	Committees
Alma Mater: _____	<input type="radio"/> Gyn/Oncology	<input type="radio"/> CME
NCCPA #: _____ AAPA #: _____	<input type="radio"/> Urogynecology	<input type="radio"/> Corporate Relations
Other Professional Certification: _____	<input type="radio"/> Infertility	<input type="radio"/> External Relations
State in which you are certified as a PA: _____	<input type="radio"/> High-Risk Obstetrics	<input type="radio"/> Membership
Years practicing in Ob-Gyn: _____	<input type="radio"/> Other _____	<input type="radio"/> Newsletter
		<input type="radio"/> Professional Practice

Please check a membership category. *Note: Dues year is January – December. Dues are not prorated.*

Fellow Membership \$75.00/year or \$60.00/year if ARHP member

A fellow member must be a graduate of a PA training program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or who has passed the certifying examination of the National Commission on Certification of Physician Assistants (NCCPA) and have at least one year of PA experience in the field of obstetrics and gynecology, and is also a fellow member in good standing with the American Academy of Physician Assistants. Only Fellow Members have the privilege to vote and hold office.

Associate Membership \$75.00/year or \$60.00/year if ARHP member

An associate member must be a graduate of a PA training program approved by the ARC-PA or who has passed the certifying examination of the NCCPA and has less than one year of PA experience in the field of obstetrics and gynecology.

Student Membership \$25.00/one-time fee covers the entire time the member is a student.

Membership is open to individuals who are enrolled in a PA program which is approved by the ARC-PA.

Year of graduation: _____ School Attending: _____

Affiliate Membership \$75.00/year

An affiliate member is an individual who is actively involved with PAs in women's healthcare, is an advocate of the goals of the Association of Physician Assistants in Obstetrics and Gynecology, and does not qualify as a member under other categories. Affiliate members include, but are not limited to, MDs, NPs, CNMs, RNs, and healthcare administrators.

Total Enclosed: \$ _____ Method of Payment: Check # _____ Credit Card (Visa / MasterCard / Discover)

Card # _____ Expiration Date _____ Security Code _____

Name of Cardholder _____ Signature _____

Cardholder Billing Address _____

Please return this form with payment to:
 APAOG • 702 Eisenhower Drive, Suite A • Kimberly, WI 54136
 800-545-0636 • 920-560-5620 • Fax: 920-882-3655
 apaog@paobgyn.org • www.paobgyn.org