



Maine Association of Physician Assistants  
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## 2017-18 MEMBERSHIP APPLICATION

### Personal Information

\_\_\_\_\_  
First Name MI Last Name Degrees/Title

**Preferred Mailing Address**  Professional  Home

**Professional Address (as it should be listed in the membership directory)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Practice/Specialty: \_\_\_\_\_ How Many PAs in Your Practice? \_\_\_\_\_

Office Manager Name (to contact regarding membership information): \_\_\_\_\_

Office Manager Email: \_\_\_\_\_ Office Manager Phone: \_\_\_\_\_

### Home Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership Categories

Please choose only ONE category (see reverse for category definitions). For a full listing of benefits visit [www.mainepa.com](http://www.mainepa.com).

**Fellow option one:** \$100 for an annual, automatic renewal membership

**Fellow option one:** \$120 for an annual, Non-renewal membership

**Student 2-year membership:** \$30

**First Year Graduate:** \$50

**Affiliate Dues:** \$75

**Associate Dues:** \$200

PA Program Attended: \_\_\_\_\_

PA Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Expected Graduation (month/year): \_\_\_\_\_

Are you currently: NCCPA Certified?  Yes  No AAPA Member?  Yes  No Licensed to Practice in Maine?  Yes  No

Enclosed is my donation to the Susan Vincent Memorial Scholarship Fund in the amount of:  \$25  \$50  \$75  \$100

Enclosed is my donation to the MEAPA Advocacy Fund in the amount of:  \$25  \$50  \$75  \$100

**TOTAL PAYMENT ENCLOSED \$** \_\_\_\_\_

### Please provide your primary reason for applying for membership.

Recommendation from colleague (name: \_\_\_\_\_)

Career development

To take advantage of membership discounts on CME offerings

To access newsletters and publications

To network with colleagues

To support and contribute to the field

Other: \_\_\_\_\_

I hereby apply for membership in Maine Association of Physician Assistants. I testify that the information is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

For tax purposes: Membership dues and financial support are not deductible as a charitable contribution for income tax purposes. However, they may be deductible as ordinary and necessary business expenses.

## MEAPA Membership Categories:

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### **Fellow member:**

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Restricted to physician assistants who are also members of the American Academy of Physician Assistants (AAPA). Fellow members have full voting privileges and may hold office.

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### **Student member:**

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Restricted to students who are enrolled in a physician assistant training program that is approved by the Board of Directors. Student members shall not have the privilege to vote or hold office, except as specified in Sections 103.02, 105.04, 105.05, 107.07 of the MEAPA bylaws and constitution.

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### **Associate member:**

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An individual from a health profession who is not eligible for any other membership category (Students who are enrolled in a pre-PA program may join as an associate). Associate members do not have voting privileges and are not eligible to hold office.

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### **Honorary members:**

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Persons of distinction who have rendered outstanding service to MEAPA or persons who have retired from active work and have been elected by the Board of Directors to honorary membership. Honorary members shall be entitled to the privilege of the floor of the Constituent Chapter, but shall not be entitled to vote or hold office.

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### **Affiliate member:**

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Physician assistants who desire to associate with MEAPA and who have been approved by the Board of Directors. This includes all physician assistants who are not confirmed members in the AAPA. Affiliate members shall be entitled to the privilege of the floor of the Constituent Chapter. Affiliate members are not eligible to hold office or vote on issues pertaining to the AAPA.

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According to MEAPA policy, membership in the organization shall consist of men and women who are cognizant of their obligation to the public and who meet the requirements for membership prescribed by the Board of Directors of the Maine Association of Physician Assistants.

### Susan Vincent Memorial Scholarship Fund

Donations are accepted in memory of Susan Vincent, PA, who worked in family practice at the University of Maine Cutler Health Center during the early 1980's. She was very attuned to preventive medicine and was an avid outdoors woman. When she began medical school, she developed melanoma. At the time of her untimely death, she had nearly completed a pediatric residency. MEAPA honors Susan through this Memorial Scholarship, as she had the strength to reach her goals. It is through her example that will inspire each recipient of this award to complete his/her goals and be a caring member of the health care team. For more information, go to [www.maineapa.com](http://www.maineapa.com)