



**T A P A**  
 TENNESSEE ACADEMY OF  
 PHYSICIAN ASSISTANTS

## MEMBERSHIP APPLICATION

*Mail completed application and dues  
 payment to: P.O. Box 150785, Nashville, TN 37215 or fax  
 to (615) 463-0036.*

***Bridging the Future of Healthcare***

|                        |         |                  |                      |         |
|------------------------|---------|------------------|----------------------|---------|
| First Name:            |         | Middle Initial:  | Last Name:           |         |
| Date of Birth:         | Gender: | Title:           | Degree:              |         |
| Street Address:        |         |                  | Apt./Unit #          |         |
| Home City:             |         | State:           | Zip:                 | County: |
| Home Phone: (     )    |         | Maiden Name:     | Spouse's First Name: |         |
| Email Address:         |         |                  |                      |         |
| Mobile Number: (     ) |         | TN PA License #: |                      |         |

|                                |   |   |                   |   |
|--------------------------------|---|---|-------------------|---|
| Employer:                      |   |   |                   |   |
| Work Address:                  |   |   |                   |   |
| Work City:                     |   | Work State:   | Work Zip:         |   |
| Work County:                   | Which address is preferred for TAPA Mailings? |   |                   | <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Name of Supervising Physician: |   | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |                   |   |
| Work Phone: (     )            |   | Ext:  | Work Fax: (     ) |   |

|                     |             |                              |                              |  |
|---------------------|-------------|------------------------------|------------------------------|--|
| Practice Specialty: |             | AAPA Member?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| Name of PA Program: |             |                              |                              |  |
| Year Graduated:     | New Member: | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | Membership Renewal:                                      |
|                     |             |                              |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| Do you own your own practice?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, Enter Amount: \$ |
| Do you wish to donate to the PA Foundation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                          |

|   |  |                          |
|---|--|--------------------------|
| **Do you wish to donate to the Political Action Committee?<br>See special instructions on back of page. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Enter Amount: \$ |
|---|--|--------------------------|

- Check membership category:    Fellow \$175    Sustaining \$175    Student \$50  
 Physician \$100    Affiliate \$150    Associate \$125    Retired \$87.50

Check here if you would like to set up recurring payments for your membership dues (credit card only).

Categories defined on back of page. **Please enclose check with payment or complete credit card information in space provided.**

Telephone: 615-463-0026 Fax: 615-463-0036 Email: [info@tnpa.com](mailto:info@tnpa.com)

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

For more information about the benefits of being a TAPA Member, please visit our website at [www.tnpa.com](http://www.tnpa.com).

# TENNESSEE ACADEMY OF PHYSICIAN ASSISTANTS

## MEMBERSHIP CATEGORIES

**Fellow:** CAHEA or CAAHEP-accredited, or its successor organization, PA program graduate or NCCPA-certified PA, who shall be employed within, or participant of Tennessee and is also a Fellow member in good standing of the AAPA. Fellow members shall be entitled to the privilege of the floor, to hold formal office, and to vote. **\$175**

**Sustaining:** PA eligible for Fellow membership who has chosen not to practice in the profession or to join the AAPA. Sustaining members shall be entitled to the privilege of the floor, to hold formal office, and to vote on non-AAPA issues. **\$175**

**Physician:** U.S. licensed physician who wishes to associate with the organization. Physicians shall have privilege of the floor, but shall not be entitled to vote or hold office. **\$100**

**Affiliate:** Person who is ineligible for any of the above categories and wishes to associate with the organization and is approved by the Board of Directors. Affiliate members shall be entitled to the privilege of the floor, but shall not be entitled to vote or to hold office. *Note: Licensed PAs or PA-Cs are not eligible for this membership category. OPAs are eligible for this category of membership.* **\$150**

**Associate:** Person engaged in selling products or other services to PA's or an individual employed by a government agency who does not qualify for any other membership category. Associate members shall be entitled to the privilege of the floor, but shall not be entitled to vote or to hold office. **\$125**

**Student:** A Student member is a person enrolled in a CAHEA, or CAAHEP-accredited, or its successor organization, or an unaccredited program recognized by the AAPA. Student dues are paid one time and membership is valid until graduation. *Note: Undergraduate students are not eligible for this membership category.* **\$50**

**Retired:** A Retired member is a PA who is a former Fellow member, has chosen to retire from practice, and opts to be classified as a retired member. To qualify you must have graduated 15 or more years ago and maintained 12 or more years of Fellow membership. Retired members do not have voting privileges. The dues rate is 50-percent of the fellow dues rate. **\$87.50**

## PAYMENT TERMS

You may pay TAPA dues by check (payable to TAPA), money order, Visa, MasterCard, Discover, or American Express. Dues, contributions or gifts to the Tennessee Academy of Physician Assistants (TAPA) may be deductible as an ordinary and necessary business expense. A portion of your dues, however, is NOT deductible as a result of lobbying activities that are regulated by federal lobbying laws: \$10 for Fellow and Sustaining Members; \$5 for Student, Physician, Associate or Affiliate.

\*The Tennessee Physician Assistant Foundation is a chartered entity to provide scholarships to PA students who are Tennessee residents. Contributions to the PA Foundation are optional and tax deductible.

\*\*Donations to the Political Action Committee (PAC) are not tax deductible. Monies collected for the TAPA-PAC are distributed to candidates for state office who have helped or who have indicated that they would act favorably for PA legislation.

### Credit Card Payments Only Complete This Section

Please check appropriate payment method:

American Express

Discover

Visa

MasterCard

(3 or 4 digit security code \_\_\_\_\_)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**REQUIRED** - Address of Credit Card Holder (if different from Member Applicant Address): \_\_\_\_\_

Signature authorizing payment (**required**): \_\_\_\_\_