

2024 NAPA Membership Application



Please complete the form below. Thank you for supporting the Nebraska Academy of Physician Assistants.
Visit www.nebraskapa.org to join or renew your membership online.

Name _____ Email _____

*email addresses are for NAPA use only and are held on a secure site that is unavailable to outside internet users or browsers.

Preferred Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

NE PA License # _____ AAPA # _____ (for Fellow memberships)

Type of License (PA, PA-C, etc.) _____

Type of membership: (Check appropriate category. Full descriptions can be found on the NAPA website.)

- | | | |
|-------------------------------------|------------|---|
| <input type="checkbox"/> Fellow | \$125 | PAs who are members of both NAPA and AAPA. |
| <input type="checkbox"/> Associate | \$125 | PAs who are members of NAPA but not AAPA members. |
| <input type="checkbox"/> Sustaining | \$75 | Approved PA program graduates who aren't to actively practicing as a PA. |
| <input type="checkbox"/> Affiliate | \$75 | Non-PAs who are interested in supporting NAPA. |
| <input type="checkbox"/> New Grad | \$50 | New graduates or first time NAPA members. |
| <input type="checkbox"/> Hardship | \$____ | An Individual who qualifies for membership but has special circumstances. |
| <input type="checkbox"/> Chapter | \$____ | An individual who is recognized as a Constituent Chapter representative. |
| <input type="checkbox"/> Student | <u>N/A</u> | Members in good standing of a Student Society at an accredited PA Program |

Payment method:

☐ check (payable to NAPA) check # _____

☐ credit card

Credit Card Number _____ Expiration Date _____

Security code (3 digits) _____ Zip _____

Name as it appears on credit card (print) _____

Credit Card Billing Address _____

City _____ State _____ Phone # _____

Email for receipt (if different than above) _____

Your Nebraska Academy needs your help. NAPA is a volunteer organization. Please consider one of the following opportunities to get involved:

____ I am interested in running for a board position

____ I am interested in serving on a committee

____ I am interested in speaking at a NAPA Conference. Specialty/Topic _____

Remit this completed form and payment advice to:

Nebraska Academy of Physician Assistants
8700 Executive Woods Dr, Suite 400
Lincoln, NE 68512-9612

Phone: 402-476-1528
Email: cschroeder@nebraskapa.org

Thank you for your continued support of the Nebraska Academy of Physician Assistants. A confirmation of your payment and receipt will be sent to the email provided.