

CONNECTICUT ACADEMY OF PHYSICIAN ASSISTANTS

One Regency Drive, PO Box 20 Bloomfield, CT 06002
860/243-3977 Fax: 860/286-0787 connapa@ssmgt.com www.connapa.org

ConnAPA Student Membership Application

PLEASE PRINT LEGIBLY.

DATE of APPLICATION: _____

Personal Information

Please circle any information that you do **not** want published in the Membership Directory.

NOTE: STUDENTS OFTEN MOVE WHILE IN SCHOOL. PLEASE BE SURE TO CONTACT US IF YOUR ADDRESS, PHONE OR E-MAIL HAS CHANGED SO THAT WE CAN CONTINUE TO OFFER YOU MEMBERSHIP BENEFITS.

Full Name : _____ nickname: _____

Address at School: _____

City: _____ State: _____ Zip: _____ - _____

Local Phone Number: () _____ Facsimile: () _____

E-Mail: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: () _____ E-Mail: _____

PA Program (School): _____

Month/Year Matriculation: _____ Anticipated Graduation Month/Year: _____

Do you hold any other medical credentials (ex. EMT, PT)? _____

Check all ConnAPA volunteer opportunities in which you'd like to participate:

_____ MEMBERSHIP _____ NEWSLETTER _____ LEGISLATION _____ CME PROGRAMS _____ PR/PUBLIC EDUCATION

_____ CHARTER OAK CONFERENCE (COC) OTHER _____

Payment Information – Student Membership

A check payable to ConnAPA should be enclosed with this application and returned to the above address.

\$45.00 Dues For a maximum of 3 years while a full-time PA student, beginning on the date of program matriculation.

Please be advised that under a law passed by Congress, costs of lobbying on behalf of an organization's special interests impact how much of the membership dues for that organization are tax deductible. Based on the formula provided, forty-seven percent of your dues payment is allocable to lobbying expenditures and therefore according to federal law, nondeductible. Contributions to the Connecticut Physician Assistants Foundation (CT-PAF), a tax-exempt organization that grants scholarships to deserving Connecticut PA students, are also deductible as charitable contributions. Specific questions about tax implications should be referred to your personal accountant.

Mailing Lists

ConnAPA enhances its revenues by selling one time use mailing labels to prospective employers, CME Sponsors, and other selected individuals. If you do not want your name to appear on such lists, please initial here. _____

MC VISA AMEX # _____ EXPIRATION DATE _____ TOTAL \$ _____

NAME PRINTED ON CARD _____ SIGNATURE _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

office use only

CHECK #: _____ AMOUNT: \$ _____ CHECK DATE: _____ PAYEE: _____ MEMBER/OTHER _____