



**American Academy of Physician Assistants
In Occupational Medicine
950 North Washington Street
Alexandria, Virginia 22314-1552
800/596-4398**

<http://www.aapa.org/paom.html> ~ Email: aapaom@aapa.org

Name: _____

Company: _____

Home Address: _____

Position: _____

Address: _____

Home Phone: _____

Home Fax _____

Work Phone: _____

Home e-mail _____

Work Fax: _____

Work e-mail: _____

AAPA Member: Yes No

AAPA Member Number: _____

NCCPA Certified: Yes No

NCCPA Certificate Number: _____

NCCPA Expiration Date: _____

My sub-specialty/areas of expertise are: _____

Supervising Physician: _____

Please use this address for my membership mailings: Home Work

**The AAPA-OM is now offering electronic communications.
Newsletters, membership drives, membership directories, etc. will be provided electronically to our members.
Please ensure that we have your current email address on file.
If you do not wish to receive this information electronically, please check here**

**Membership Categories
(Please check one)**

Important Note: AAPA-OM's dues year is January 1st to December 31st

- Fellow - \$75:** An ARC-PA-accredited PA program graduate or NCCPA-certified PA, who shall be employed within, or participant of Occupational Medicine. Fellow members shall be entitled to the privilege of the floor, to hold formal office, and to vote.
- Affiliate - \$50:** The AAPA-OM offers a reduced-fee Affiliate Membership to those PAs practicing in the specialty of family practice and who are current AFPPA members, and to those PAs on active duty in the military. Please provide your AFPPA Member ID #:_____. Proof of active military status: _____
- Student - \$10:** Enrolled in an ARC-PA accredited program or an unaccredited program recognized by the AAPA. Entitled to the privilege of the floor but have no vote or hold any office except for their elected Student Representative. The Student Representative shall be elected by his/her peers and enjoys all rights and privileges including formal vote except in matters relating to AAPA.

Additional Areas of Support

I would like to serve AAPA-OM in the following capacity:

- Membership Newsletter (Writing/Editing Articles) CME Planning Legal Medicine
 Leadership Speaker / Topic _____ Other: _____

**Please make your check payable to AAPA-OM:
Mail to 950 N. Washington Street, Alexandria, VA 22314-1552
*All returned checks will be subject to a \$25 processing fee***