



Iowa Physician Assistant Society

Member Application 2016-2017

To ensure you are receiving all IPAS member benefits, please provide us with your most up-to-date contact information. Most IPAS information is now provided via email, so it is important we have your correct email address. Type or print for legibility! Please correct or complete the following:

Name: _____

Membership Type: _____

Professional Designation: _____ License Number: _____

Mailing Address

Street _____

City _____ State _____ Zip Code _____

E-Mail: _____

Work Address

Clinic or Business: _____

Work Address _____

City _____ State _____ Zip _____

Work Phone: (____) _____

Fax: (____) _____

Home Address

Street _____

City _____ State _____ Zip _____

Home Phone: (____) _____

Preferred Mailing Address:

Home Work

To save postage and printing costs, we will communicate IPAS information, including the quarterly newsletter via e-mail. Please check here if you prefer to receive information via a mailed, hard copy. Yes

I am currently a PA Student. Program _____

1st Year

2nd Year

Would you be interested in being listed as available for Job Shadowing? Yes No

Name of PA program you graduated from: _____

My employer pays for my membership in IPAS.

Yes

No

I am a member of AAPA.

Yes If yes, AAPA Number: _____

No

Please mark any specialties you currently practice in. Check all applicable.

Internal medicine

Family medicine

Emergency medicine

Women's health

General surgery

Psychiatry/ behavioral medicine

Internal medicine subspecialty

Surgical subspecialty

Other specialty: _____

Please mark any committees on which you would like to serve. Check all applicable.

Board of Directors

Student Representative to the Board

Communications (Newsletter, website)

Membership

Legislative and Health Policy

Conferences

AAPA HOD Delegate

Finance

Public Education

Awards

Do not list my information in the IPAS Online Membership Directory (available only to other IPAS members).

Membership Category

Annual Dues

- Fellow (PA who is a member of AAPA and works in Iowa) \$150
- Affiliate (PA who *is not* an AAPA member and works in Iowa) \$150
- Associate (Not working as a PA, or lives and works outside Iowa); or Retiree (Retired PA who wants to stay current with the profession) \$ 50
- Retiree (Retired PA who wants to stay current with the profession) \$ 50
- Associate Nurse Practitioner (Advanced Registered NP) \$150
- Supporter (Non-PA who receives newsletter and other information) \$150
- Student (Currently enrolled in a CAAHEP-approved program – membership is valid throughout PA schooling and expires at the end of the normal membership year.) \$ 25
- Graduate (Available for students for their first year immediately after graduation) \$ 75

Membership dues to IPAS are not tax deductible for income tax purposes. However, dues may be deductible as a necessary business expense subject to restrictions imposed as a result of IPAS lobbying activities. IPAS estimates the nondeductible portion of dues to be 15%. Contributions or gifts to the IPAS Foundation for scholarship awards are 100% deductible.

Payment

Amount

Membership Annual Dues (see membership categories) \$ _____

IPAS Foundation Donation* _____

TOTAL PAYMENT \$ _____

- Check Enclosed (Payable to Iowa Physician Assistant Society or IPAS)
When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction

If you would like to pay by credit card, please use our online form at www.iapasociety.org.

**A donation to the IPAS Foundation helps support the annual scholarships IPAS awards to student PAs studying in Iowa. Your gift to the Foundation is 100% tax deductible as a charitable donation.*

For office use only
Date Received: _____
Payment
<input type="checkbox"/> Check – Check # _____
<input type="checkbox"/> Credit Card
Staff Initial _____

Please return to:
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