

**South Dakota Academy of Physician Assistants (SDAPA)
MEMBERSHIP APPLICATION 2010**

Name _____ Title _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ E-mail Address _____

Business Name and Address _____

City _____ State _____ Zip _____ County/District # _____

Work Phone _____ Fax _____

LICENSURE INFORMATION: South Dakota License Number _____

NCCPA Certified Yes No Certificate Number _____

AAPA Member Yes No Membership Number _____

MEMBERSHIP CLASSIFICATIONS (please indicate requested membership type) – Description on back:

- SDAPA Fellow Membership - \$125.00**
- SDAPA Affiliate Membership - \$125.00**
- SDAPA Associate Membership - \$75.00**
- SDAPA Students Membership - \$10.00**
- New Fellow or Affiliate must pay \$5.00 credentialing fee:** Must send copies of certificates of program completion, certificates from Medical Examiners Board, and NCCPA certificates (if held). Payment of required fees includes \$125.00 or \$75.00 annual dues and \$5.00- credentialing fee (first time application only).

I, the undersigned, do hereby certify that the above information is complete and accurate to the best of my knowledge. I understand that withholding information requested or giving false information may make me ineligible for admission, and if information is found false after enrollment, I may be dismissed from the Academy.

____ I grant permission to include my name/address in a membership listing to be distributed to other SDAPA members.

____ I grant permission to be listed on SDAPA website membership list. **Please include your picture.**

Signature

Date

PLEASE RETURN TO: Mary B. Nafus, Executive Secretary
South Dakota Academy of Physician Assistants
120 South Madison Avenue
Pierre, SD 57501-3536

Phone: (605) 224-1203
Fax: (605) 224-8221
E-mail: nafmb@dakota2k.net
Website: www.sdapa.net

CREDIT CARD INFORMATION

Please charge my:   

Amount: \$ _____

Account # _____ Exp. Date: _____ V Code: _____ (on back of card)

Signature: _____

- **SDAPA Fellow Membership - \$125.00:** member of the American Academy of Physician Assistants, whose dues are current and application for SDAPA membership has been approved. Fellow members shall have access to the floor, voting privileges, and may serve as an officer or director of the SDAPA.
- **SDAPA Affiliate Membership - \$125.00:** physician assistants who are not Fellow members of the AAPA, whose dues are current, and application for SDAPA membership has been approved. Affiliate members shall have access to the floor and voting privileges on state issues, but not issues concerning AAPA. Affiliate members may serve as an SDAPA director, but may not serve as an officer.
- **SDAPA Associate Membership - \$75.00:** shall be other individuals interested in SDAPA whose dues are current, and application for membership has been approved. Associate members shall have access to the floor but may not vote, or serve as an officer or director.
- **SDAPA Student Membership - \$10.00:** shall be students attending a physician assistant educational program in SD whose dues are current, and application for SDAPA membership has been approved. Student members shall have access to the floor, voting privileges on state issues, but not issues concerning AAPA. A student member may not hold office but may serve as the SDAPA's student director.
- **New Fellow or Affiliate must pay \$5.00 credentialing fee:** Must send copies of certificates of program completion, certificates from Medical Examiners Board, and NCCPA certificates (if held). Payment of required fees includes \$125.00 or \$75.00 annual dues and \$5.00- credentialing fee (first time application only).