



Downeast Association of Physician Assistants

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Membership Application

July 1, 2011—June 30, 2012

Name: (Print) _____ Title: _____ (PA-S, PA, PA-C, MPAS, PhD, etc)

MEMBERSHIP RENEWAL _____ NEW MEMBER _____

How did you hear about DEAPA? DEAPA Member (name) _____

Website _____ Facebook _____ Conference _____ Other (please list) _____

AAPA Member?: Yes ___ No ___ # _____ NCCPA Certified?: Yes ___ No ___ # _____

Maine Licensure?: Yes ___ No ___ # _____

Type of Membership status (see reverse for definition of membership categories):

<input type="checkbox"/> Fellow	\$90.00	<input type="checkbox"/> Student-PA Program (One Year)	\$20.00
<input type="checkbox"/> Affiliate	\$90.00	<input type="checkbox"/> Student-PA Program (Two Year)	\$30.00
<input type="checkbox"/> Associate	\$90.00		

Please indicate your Preferred Mailing Location:

___ Home Address: Street _____ City _____ State _____ Zip _____

Telephone _____ Fax # _____ Email _____
(to receive E-Newsletters & updates)

___ Work Address: Street _____ City _____ State _____ Zip _____

Telephone _____ Fax # _____ Email _____
(to receive E-Newsletters & updates)

Employer or School _____ Supervising Physician _____

PA Program from which you received your degree _____ Graduation Year _____

Please indicate which of the following you would be interested in participating in:

___ Serve as a Member of the Board of Directors : Office _____
___ Serve on a Committee _____ ___ Serve as Liaison Representative _____

Suggestions for future CME topics _____

___ Enclosed is my donation to the Susan Vincent Memorial Scholarship Fund in the amount of:

___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ \$ other

Signature: _____

Please sign, make a copy for your records, and mail with your check, payable to DEAPA, to the above address. If applying DEAPA Referral Rewards Dollars toward your membership dues, please include original certificate with application.

*Federal Tax Information: Contributions or gifts to DEAPA are not deductible as charitable contributions. Dues payments are deductible as ordinary and necessary business expenses.

DEAPA OFFICE USE:
Date/Amount Received: _____ / \$ _____ Date Membership Card/Certificate Sent: _____

DEAPA Membership Category Definitions

According to DEAPA Policy, membership in the organization shall consist of men and women who are cognizant of their obligation to the public and who meet the requirements for membership prescribed by the Board of Directors of the Downeast Association of Physician Assistants.

The membership shall consist of (a) Fellow Members, (b) Affiliate Members, (c) Student Members, (d) Honorary Members, (e) Associate Members, and (f) such other members as may be recognized by the Board of Directors.

Fellow Membership—Restricted to physician assistants who are also members of the American Academy of Physician Assistants (AAPA). Fellow members have full voting privileges and may hold office.

Affiliate Membership—Physician assistants who desire to associate with DEAPA and who have been approved by the Board of Directors. This includes all physician assistants who are not confirmed members in the AAPA. Affiliate members shall be entitled to the privilege of the floor of the Constituent Chapter. Affiliate members are not eligible to hold office or vote on issues pertaining to the AAPA.

Student Membership—Restricted to students who are enrolled in a physician assistant training program that is approved by the Board of Directors. Student members shall not have the privilege to vote or hold office, except as specified in Sections 103.02, 105.04, 105.05, 107.07 of the DEAPA bylaws and constitution.

Honorary Membership—Persons of distinction who have rendered outstanding service to DEAPA or persons who have retired from active work and have been elected by the Board of Directors to honorary membership. Honorary members shall be entitled to the privilege of the floor of the Constituent Chapter, but shall not be entitled to vote or hold office.

Associate Membership—An individual from a health profession who is not eligible for any other membership category (Students who are enrolled in a pre-PA program may join as an associate). Associate members do not have voting privileges and are not eligible to hold office.

Revised 7/2011

Susan Vincent Memorial Scholarship Fund

Donations are accepted in memory of Susan Vincent, PA, who worked in family practice at the University of Maine Cutler Health Center during the early 1980's. She was very attuned to preventive medicine and was an avid outdoors woman. When she began medical school, she developed melanoma. At the time of her untimely death, she had nearly completed a pediatric residency. DEAPA honors Susan through this Memorial Scholarship, as she had the strength to reach her goals. It is through her example that will inspire each recipient of this award to complete his/her goals and be a caring member of the health care team. For more information go to www.deapa.com.