



**ASSOCIATION OF PHYSICIAN ASSISTANTS IN OBSTETRICS & GYNECOLOGY
2019 MEMBERSHIP APPLICATION/DUES RENEWAL**

Name: _____
Please include any credentials on the above line

Preferred Address: Work Personal

Address: _____

City & County: _____

State/Zip Code: _____

Phone: _____

Primary Email: _____

Please check a membership category below. Note: Dues year is January – December. Dues are not prorated.

**Co-Organizations include: ARHP – Association of Reproductive Health Professionals, ACOG – American College of Obstetricians and Gynecologists, AFPPA – Association of Family Practice Physician Assistants, NCCPA - National Commission on Certification of Physician Assistants*

Fellow Membership (\$75.00/year or \$60.00/year if co-organization member*)

3 year Fellow membership discount (\$175.00 or \$150.00 if co-organization member*)

Physician Membership (\$75.00/year or \$60.00/year if co-organization member*)

Associate Membership (\$40.00/year Special New Grad Rate) PAs who graduated from an accredited PA program within the last two years*.

*Graduation year (required): _____

Affiliate Membership (\$50.00/year)

Student Membership (\$25.00/covers membership through end of graduation year)

Year of graduation: _____ School attending: _____

Pre-PA Membership (\$25.00/year)

2019 ACOG Educational Affiliate Membership Discount Offer:

Join/Renew with APAOG and take advantage of membership with the American College of Obstetrics & Gynecology (ACOG) for \$150 (a \$245 value)! Contact the APAOG office after joining for details on receiving this offer. (Offer valid October 1, 2018 – June 30, 2019.)

Please check the APAOG website for more information on membership types and eligibility.

Please return this form with payment to:

APAOG at 563 Carter Ct, Ste B, Kimberly, WI 54136
Fax: 920-882-3655 or Email: apaog@badgerbay.co

Total Enclosed: \$ _____		
Method of Payment:		
<input type="radio"/> Check # _____		
<input type="radio"/> Credit Card (Visa / MasterCard / Discover/ AMEX)		
Card # _____	Expiration Date: _____	Security Code: _____
Name of Cardholder: _____		
Billing Address: (City, State, ZIP): _____		