



Association of Physician Assistants in Oncology

Membership Application

New Member Renewing Member

Member Name: _____
Home Address: _____
City: _____ State: _____ Zip code: _____
Work Phone #: _____ Fax #: _____
E-mail: _____

Employer: _____
Work Address: _____
City: _____ State: _____ Zip code: _____
Work Phone #: _____ Fax #: _____
E-mail: _____
Specialty: _____

Preferred Contact: Home Work

Mailing List Options: APAO periodically provide members contact information only to carefully selected organizations to send communications by or on behalf of APAO via regular mail or email. Please check if you wish to be added to this list: Yes No

Additional Areas of Support

Please check all volunteer opportunities you would be interested in:

- | | |
|---|--|
| <input type="checkbox"/> APAO Leadership: Regional Director/Director at Large/Officer | <input type="checkbox"/> Website |
| <input type="checkbox"/> CME | <input type="checkbox"/> Marketing / Exhibit Booth |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Membership |

APAO DUES

(Membership year is July 1 to June 30)

Fellow: \$40/per year Sustaining: \$40 per year Student: \$15/per year

Physician: \$40 per year Associate: \$40/per year Affiliate: \$40 per year

Honorary: Complimentary

Payment

Please make your check payable to APAO and mail to:

Academy of Physician Assistants in Oncology

950 North Washington Street

Alexandria, VA 22314-1552

apao@apa.org

www.apao.cc