



California Academy of Physician Assistants
 3100 W. Warner Avenue, Suite 3, Santa Ana, CA 92704-5331
 (714) 427-0321 • Fax (714) 427-0324 • Toll Free Fax • (800) 480-2272
 www.capanet.org

Membership Application

We hope you will join your colleagues in support of the only organization in California committed solely to advancing the PA profession. CAPA works everyday on your behalf. However, we can't continue to do that without your support. Protect what you have worked so hard to attain. Help CAPA so that we can help you. Please join today!!

IMPORTANT INFORMATION ABOUT YOU

First Name _____ Last Name _____

PA-C PA PA-S Physician Other _____ PA License # _____

Address _____

City _____ State _____ Zip + 4 _____

Company _____

Work Address _____

City _____ State _____ Zip + 4 _____

Home Phone _____ Home Fax _____

Work Phone _____ Work Fax _____

Cell Phone _____ Pager _____

Email Address _____

MEMBERSHIP CATEGORIES	
Please Select One	
\$175.00	<input type="checkbox"/> Fellow
\$175.00	<input type="checkbox"/> Associate
\$100.00	<input type="checkbox"/> Affiliate
\$175.00	<input type="checkbox"/> Physician
\$300.00	<input type="checkbox"/> PA/Physician <small>(Include both names on the application)</small>
\$50.00	<input type="checkbox"/> Military
\$20.00	<input type="checkbox"/> PA Student

VOLUNTARY CONTRIBUTIONS	
Political Action Committee	\$ _____
PAC ID# 981553	
Scholarship	\$ _____
Humanitarian Endowment	\$ _____

PAY IT FORWARD PROJECT: Become a Preceptor!	
Would you like to serve as a clinical preceptor?	
<input type="checkbox"/> Yes, please tell me more.	

AUTO PAY OPTION	
_____	Initial here if you would like your dues & contributions to be charged quarterly.
_____	Initial here if you would like us to automatically renew your yearly membership.
Your initials indicate you have read and agree to the enclosed terms and conditions.	

PAYMENT

Dues Amount – 85% is tax deductible as an ordinary and necessary business expense. A portion of your dues may be used for lobbying. See other side for complete details regarding tax deductibility and membership categories.

 Exp Date _____ / _____

Cardholder Signature _____ Total \$ _____

Check Amount Enclosed \$ _____

If you wish to pay by check please make your check payable to CAPA.

Please Continue on Other Side

TO HELP US BETTER SERVE YOU

Sex: Male Female
Race/Ethnicity: Asian/Pacific Islander Black (Not Hispanic) Hispanic American Indian/Alaskan White (Not Hispanic)
Date of Birth: _____ / _____ / _____
PA Program _____ Date of Graduation _____

Type of Primary Employer: (Select one only please)

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Self Employed | <input type="checkbox"/> 7 Freestanding Urgent Care Center | <input type="checkbox"/> 13 Other Ambulatory Care Facility |
| <input type="checkbox"/> 2 Solo Physician Practice | <input type="checkbox"/> 8 Freestanding Surgical Center | <input type="checkbox"/> 14 Medical Staffing Agency |
| <input type="checkbox"/> 3 Single-Specialty Physician Group | <input type="checkbox"/> 9 Nursing Home or LTC Facility | <input type="checkbox"/> 15 Management Service Organization |
| <input type="checkbox"/> 4 Multi-Specialty Physician Group | <input type="checkbox"/> 10 Home Health Agency | <input type="checkbox"/> 16 Other |
| <input type="checkbox"/> 5 University Hospital | <input type="checkbox"/> 11 Hospice | |
| <input type="checkbox"/> 6 Other Hospital | <input type="checkbox"/> 12 HMO | |

Primary Work Setting: (Select one only please)

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Hospital ICU/CCU | <input type="checkbox"/> 9 Solo Practice Physician Office | <input type="checkbox"/> 17 Other Freestanding Outpatient Facility |
| <input type="checkbox"/> 2 Hospital Inpatient Unit | <input type="checkbox"/> 10 Single Specialty Physician Group Practice | <input type="checkbox"/> 18 Correctional Facility |
| <input type="checkbox"/> 3 Hospital Outpatient Unit | <input type="checkbox"/> 11 Multi-Specialty Physician Group Practice | <input type="checkbox"/> 19 Industrial Facility |
| <input type="checkbox"/> 4 Hospital Emergency Room | <input type="checkbox"/> 12 FQHC Rural Health Clinic | <input type="checkbox"/> 20 Univ/College Student Health Facility |
| <input type="checkbox"/> 5 Hospital Operating Room | <input type="checkbox"/> 13 FQHC (not RHC) | <input type="checkbox"/> 21 School Based Health Center |
| <input type="checkbox"/> 6 Other Unit of Hospital | <input type="checkbox"/> 14 Other Community Health Facility | <input type="checkbox"/> 22 Patient's Home |
| <input type="checkbox"/> 7 Freestanding Urgent Care Facility | <input type="checkbox"/> 15 HMO Facility | <input type="checkbox"/> 23 Other |
| <input type="checkbox"/> 8 Freestanding Surgical Facility | <input type="checkbox"/> 16 Nursing Home or LTC Facility | |

Specialty Practiced for Primary Employer: (Select one only please)

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Allergy | <input type="checkbox"/> 22 IM Hematology | <input type="checkbox"/> 43 Ped Pulmonology |
| <input type="checkbox"/> 2 Anesthesiology | <input type="checkbox"/> 23 IM Immunology | <input type="checkbox"/> 44 Ped Other |
| <input type="checkbox"/> 3 Dermatology | <input type="checkbox"/> 24 IM Infectious Disease | <input type="checkbox"/> 45 General Surgery (Surg) |
| <input type="checkbox"/> 4 Emergency Medicine | <input type="checkbox"/> 25 IM Nephrology | <input type="checkbox"/> 46 Surg Cardiovascular & Thoracic |
| <input type="checkbox"/> 5 Family Practice | <input type="checkbox"/> 26 IM Neurology | <input type="checkbox"/> 47 Surg Colon & Rectal |
| <input type="checkbox"/> 6 Geriatrics | <input type="checkbox"/> 27 IM Oncology | <input type="checkbox"/> 48 Surg Hand |
| <input type="checkbox"/> 7 Occupational Medicine | <input type="checkbox"/> 28 IM Pulmonary | <input type="checkbox"/> 49 Surg Neurological |
| <input type="checkbox"/> 8 Obstetrics & Gynecology | <input type="checkbox"/> 29 IM Rheumatology | <input type="checkbox"/> 50 Surg Transplant |
| <input type="checkbox"/> 9 Ophthalmology | <input type="checkbox"/> 30 IM Other | <input type="checkbox"/> 51 Surg Oncology |
| <input type="checkbox"/> 10 Otolaryngology | <input type="checkbox"/> 31 General Pediatrics (Ped) | <input type="checkbox"/> 52 Surg Orthopedics |
| <input type="checkbox"/> 11 Pathology | <input type="checkbox"/> 32 Ped Adolescent Med | <input type="checkbox"/> 53 Surg Otorhinolaryngology |
| <input type="checkbox"/> 12 Physical Med Rehab | <input type="checkbox"/> 33 Ped Allergy | <input type="checkbox"/> 54 Surg Pediatric |
| <input type="checkbox"/> 13 Psychiatry | <input type="checkbox"/> 34 Ped Cardiology | <input type="checkbox"/> 55 Surg Plastic |
| <input type="checkbox"/> 14 Public Health | <input type="checkbox"/> 35 Ped Critical Care | <input type="checkbox"/> 56 Surg Thoracic |
| <input type="checkbox"/> 15 Radiology | <input type="checkbox"/> 36 Ped Endocrinology | <input type="checkbox"/> 57 Surg Trauma |
| <input type="checkbox"/> 16 Substance Abuse | <input type="checkbox"/> 37 Ped Gastroenterology | <input type="checkbox"/> 58 Surg Urological |
| <input type="checkbox"/> 17 General Internal Medicine (IM) | <input type="checkbox"/> 38 Ped Hema/Oncology | <input type="checkbox"/> 59 Surg Vascular |
| <input type="checkbox"/> 18 IM Cardiology | <input type="checkbox"/> 39 Ped Infectious Disease | <input type="checkbox"/> 60 Surg Other |
| <input type="checkbox"/> 19 IM Critical Care | <input type="checkbox"/> 40 Ped Neo-Perinatal | <input type="checkbox"/> 61 Other |
| <input type="checkbox"/> 20 IM Endocrinology | <input type="checkbox"/> 41 Ped Nephrology | |
| <input type="checkbox"/> 21 IM Gastroenterology | <input type="checkbox"/> 42 Ped Neurology | |

Do you ever treat patients injured at work/workers' comp patients? Yes No _____%

Do you ever treat patients at a skilled nursing facility, assisted living, long term care facility, group home? Yes No

I do not want CAPA to publish or release my e-mail address, my mailing address, my phone numbers

CAPA MEMBERSHIP CATEGORIES

FELLOW: Granted to those PAs who are Fellow members of AAPA. A Fellow member may vote, hold state or national office, serve on or chair a committee, have floor privileges, and will receive publications and discounts. **Dues: \$175.00 per year**

ASSOCIATE: Granted to those PAs who are not Fellow members of the AAPA. These members are fully active in CAPA and may vote on all matters except those pertaining to AAPA. May hold state office, have floor privileges, serve on or chair a committee, will receive publications and discounts. **Dues: \$175.00 per year**

AFFILIATE: Open to non-PAs who wish to support and maintain a formal relationship with CAPA. These members shall not vote, hold office, serve on or chair committees. They will receive publications and discounts. **Dues: \$100.00 per year**

PHYSICIANS: Any physician who is licensed to practice in the U.S., and wishes to support or maintain a formal relationship with CAPA. **Dues: \$175.00 per year**

JOINT PA/PHYSICIAN: Combined membership for Fellow or Associate PA and supervising physician, both meeting the requirements as previously stated. **Dues: \$300.00 per year**

MILITARY: Open to FULL-TIME PERMANENT/ACTIVE-Duty PAs: Military members who qualify for Fellow membership in CAPA shall enjoy all the rights of a Fellow if AAPA recognizes CAPA as the constituent chapter representing them with AAPA. Otherwise, if CAPA is not recognized as the constituent chapter representing them with AAPA, they shall have the rights of Associate membership. **Dues: \$50.00 per year**

STUDENT: Granted to those students currently enrolled in an entry-level PA Program accredited by ARC-PA or its successor. **Dues: \$20.00 per year**

We estimate that only 85 percent of the dues on this statement are deductible as ordinary and necessary business expenses.

MEMBERSHIP BENEFITS

- Reduced registration fees at CAPA CME meetings.
 - Bimonthly magazine.
 - Current job listing.
 - Access to the Members Only Section of CAPA's Website. Job opportunities are posted the day they come in. In addition, useful information about PA practice is available to members 24 hours a day.
 - Effective representation with membership involvement to government agencies, health professionals and to the AAPA.
 - Central organization for dispersal of vital information to PAs and the public.
 - The latest information on legislative actions through our Government Affairs Committee and your board members.
 - Privileges of the floor at Board of Directors meetings and activities.
 - Networking: The Academy's conferences, magazine, and committee activities provide opportunities for PAs to meet professionally and socially.
 - Public Education: The Academy actively promotes the concept of the PA as an important part of the health care team.
 - Leadership Opportunities: CAPA members are encouraged to play an active role in the future of the PA profession. Let your voice be heard!
 - Student support through scholarships and reduced membership and CME fees.
- The most important service is meeting the needs of our membership. If there is a service you would like to see us offer, please let us know. **Membership year runs from 5/1 to 4/30.**

AUTO PAY TERMS AND CONDITIONS
PAY YOUR MEMBERSHIP DUES QUARTERLY AND AUTOMATICALLY
WITH A VISA OR MASTERCARD

By initialing the Auto Pay option, I authorize CAPA to withdraw my quarterly payments from my debit or credit card. These payments will be calculated by dividing the total due (membership fees and any voluntary donations you have made) by four. I further authorize CAPA to initiate debit entries and, if necessary, initiate adjustments for any entries made in error to my debit or credit card account. This authority will remain in full force and effect until the total amount of my CAPA membership dues, plus any voluntary contributions I have agreed to have been paid.

- Your credit card will be debited quarterly.
- It is your responsibility to update your credit card/debit card information whenever there is a change.
- Your payment will not be posted to your account if the credit card transaction is not approved for any reason, including insufficient funds/credit line availability, closed or unauthorized accounts.
- In the event that a quarterly payment is not approved by your credit card/debit card financial institution, you will be notified immediately.
- Your CAPA membership will be terminated 10 days after notification if no alternative method of payment has been received.
- You will still be responsible for payment of the balance due and when payment is received, your membership will be reinstated.
- If you dispute your bill amount, want to stop a payment or change the credit card number, submit your request in writing to capa@capanet.org or fax it to (800) 480-2272. CAPA and the Receiving Financial Institution must be afforded a reasonable opportunity to act on it.
- CAPA is not responsible for any unauthorized fees on your credit card statement.
- You are required to pay any fees that incur while processing your payment.

YEARLY AUTO RENEWAL TERMS AND CONDITIONS
RENEW YOUR CAPA MEMBERSHIP
AUTOMATICALLY – YEAR AFTER YEAR

By initialing the Yearly Auto Pay option, I expressly give my permission for CAPA to renew my CAPA membership each year on April 25 using the credit card provided and the payment option selected (i.e., quarterly installments).

At any time you may cancel the next automatic yearly renewal charge by contacting CAPA. You will receive an acknowledgement from CAPA, verifying your request to discontinue the automatic membership renewal. If you do not receive acknowledgement within 14 days, please contact CAPA by phone at (714) 427-0321.

Please retain a copy of this agreement for your records.