



California Academy of Physician Associates

11870 Santa Monica Blvd, Ste. 106580, Los Angeles, CA 90025

Phone: (714) 427-0321 Email: capa@capanet.org

Skip this form! Join CAPA online at www.capanet.org

Membership Dues Statement

Membership Type (Please select one - See other side for descriptions)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Fellow \$265.00 | <input type="checkbox"/> Associate \$265.00 | <input type="checkbox"/> Military \$60.00 | <input type="checkbox"/> Affiliate \$140.00 |
| <input type="checkbox"/> Student \$30.00 | <input type="checkbox"/> Interim Student \$60.00 | <input type="checkbox"/> Retired \$50.00 | <input type="checkbox"/> Physician \$265.00 |

Payment Dues Amount: _____

96% may be tax deductible as an ordinary and necessary business expense. A portion of your dues may be used for lobbying.

Voluntary Contributions (Optional)

CAPASPEAKS Campaign \$ _____ CAPA Scholarship Fund \$ _____

CAPA's **Political Action Committee** (PAC) ID# 981553 (Optional) \$ _____

CAPA PAC Contributions are voluntary and are not tax deductible

Total Payment _____

Payment is by check or money order, made payable to CAPA

Credit card #: _____ VISA/MC/DISC/AMEX

Expiration Date: _____ / CVV# _____

Cardholder Name: _____

Billing Address _____

OPT OUT
I do not authorize CAPA
to keep card information for
membership renewal

CAPA memberships are full term and run until the membership year is over (July 1 - June 30). Because of the year-long advocacy benefits that come with your membership, no refunds are permitted. Membership may be canceled after the completion of your membership year term (after July 1).

Required Information (Please include all information below)

Contact Information:

Name: _____ Email: _____

Primary Address: _____

Phone number: _____ County: _____ Professional Designation: _____

PA License# : _____ NCCPA# (if applicable): _____ NPI#: _____

Additional Information:

PA Program: _____ Graduation Date: _____

Employer: _____ Specialty (If any): _____

I wish to be a CAPA Volunteer. Please email/send me available volunteer opportunities:

By providing your contact information, you agree that we may contact you by telephone (including cell phones), email or other internet facilities, with respect to CAPA and CAPA related information, and other offerings we may make available in the future. Calls may be live or pre-recorded and calls or texts may be made via automated dialing system.

CAPA MEMBERSHIP TYPES:

FELLOW

Granted to those PAs who are Fellow members of AAPA.
Dues: \$265.00 per year

MILITARY

Open to FULL-TIME PERMANENT/ACTIVE-DUTY PAs.
Dues: \$60.00 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: \$265.00 per year

STUDENT

Granted to those students currently enrolled in an entry-level PA program accredited by ARC-PA or its successor.
Dues: \$30.00 per year

INTERIM STUDENT

Granted to graduating students PAs that are approved by the ARC-PA or its successor.
Dues: \$60.00 per year

ASSOCIATE

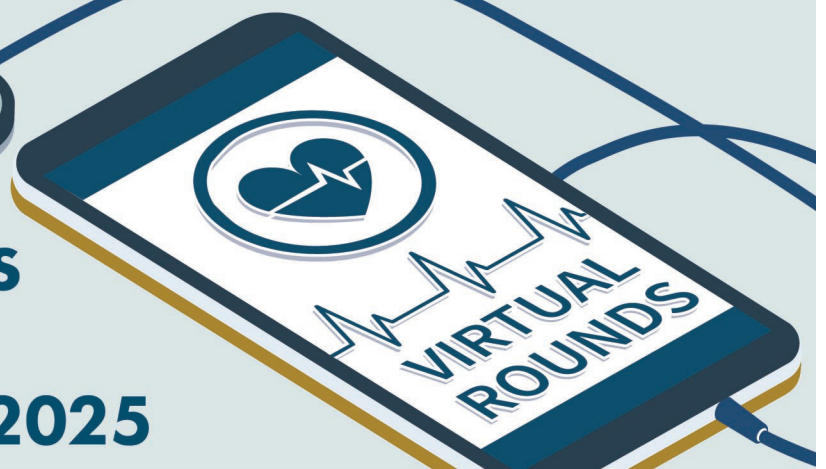
Granted to those PAs who are not Fellow members of the AAPA.
Dues: \$265.00 per year

AFFILIATE

Open to non-PAs who wish to support and maintain a formal relationship with CAPA. This includes those who wish to become a PA student.
Dues: \$140.00 per year

RETIRED

Granted to PAs who have retired completely from the PA profession. (If a retirement member resumes any clinical work as a PA, they will no longer be eligible for retirement membership.)
Dues: \$50.00 per year



Virtual Rounds Save the Date June 1 – July 31, 2025

An online, self-paced medical education conference for Physician Associates

BE AN EARLY BIRD!

Join CAPA by May 16, 2025,
and receive **FREE** Virtual Rounds
registration this year!

**That's up to 20 units
of CME worth a
value of \$750!**