



# 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](http://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 \_\_\_\_\_

**Annual Auto Renewal**  
I 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

