



PA PARTNERSHIP

Become a Member of the North Carolina Academy of Physician Assistants and the North Carolina Medical Society
www.pa-partnership.org



Join both the NCAPA and the NCMS for \$199!

A savings of \$98!

Full Name (no initials) <input type="checkbox"/> PA <input type="checkbox"/> PA-C		Today's Date	NC Medical License Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Practice Name		Date of Birth	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's name
Business Address (preferred address? <input type="checkbox"/> Yes <input type="checkbox"/> No)		City, State, Zip	Business Telephone	
Home Address (preferred address? <input type="checkbox"/> Yes <input type="checkbox"/> No)		City, State, Zip	Home Telephone	
Preferred E-mail	Business Fax	Send Publications to: <input type="checkbox"/> Preferred E-mail <input type="checkbox"/> Secondary E-mail		
Secondary E-mail	Home Fax			
Current Supervising Physician	PA School (Current Name of School)	Graduation Date	Other Languages Spoken	
If elected to membership, and upon payment of annual dues, I agree without reservation to be governed by the Constitution and Bylaws of the North Carolina Medical Society and those of the North Carolina Academy of Physician Assistants.				
Signature of applicant _____		Date _____		

SELECT ONE OPTION BELOW:

- I am joining the NCMS and the NCAPA for the 2012 membership year for \$199.
- I am joining the NCMS only for the 2012 membership year at \$147.
- I have already joined the NCAPA for 2012; I would like to join the NCMS for \$49.

PAYMENT INFORMATION:

- Enclosed is a check payable to the NCMS. Please charge the Visa MasterCard number below.

_____ - _____ - _____ - _____
Account number

Exp. date MM/YYYY

3-digit CVV number

Cardholder signature

Please return this form with your payment to the North Carolina Medical Society, PO Box 27167, Raleigh, NC 27611 or fax back to 919-833-2023.