

Membership Application



PHYSICIAN ASSISTANT ACADEMY OF VERMONT

Administrative Office: 45 Lyme Road/Suite 304, Hanover, NH, 03755-1223

TEL 603-643-2325 • FAX 603-643-1444

EMAIL paav@conmx.net • WEBSITE www.paav.org

Please provide the address and email we should use for official PAAV correspondence.

Name _____ Suffix (PA-C, Jr. III) _____

Affiliation _____

Department _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Fax Number _____ Email _____

AAPA Member Yes No AAPA Member Number _____

NCCPA Number _____

Training Program _____

Year Graduated _____ Practice Type _____

ANNUAL DUES: Active/ Associate Member **\$75**
 Student Member **\$25** (with school verification letter)

Payment Method: Check VISA MasterCard American Express
(Please make check payable to PAAV)

Credit Card #: _____ Exp. Date ___/___ CVV Code: _____

Name on Card _____

Signature _____

Street address and zip code where credit card statement is received (for bank verification purposes)

Thank you for your support of PAAV.