



Membership Application

Active (\$165) Resident (\$75) Student (\$25)

Name: _____
Last First MI

Home Address:

_____ Street

_____ City State ZIP

Home Phone: _____ **Fax:** _____

Work Address:

_____ Street

_____ City State ZIP

Work Phone: _____ **Fax:** _____

E-mail: _____

Preferred Mailing Address: Home Work Publish in Directory? Yes No

Education:

Name of PA or Resident Program _____

Date of Completion _____ Degree _____

Other Colleges/Degrees _____

Other Professional Certification _____

Affiliation:

AAPA Member Yes No Member Number: _____

AASPA Member Yes No Member Number: _____

NCCPA Certified* Yes No Certificate Number: _____

**All non-student applications must include NCCPA number in order to be processed.*

Areas of interest within APACVS: Website Facebook Membership CME
 Elections Corporate Relations Fellow Review

Payment Options: You will receive confirmation that your application has been approved with payment submission instructions.

Please enclose a copy of your cv with this application. Dues are for January 1 - December 31.
Send completed application and annual dues to: