



**KANSAS ACADEMY  
OF PHYSICIAN ASSISTANTS**  
PO Box 597•Topeka•KS•66601-0597  
Telephone - 785-235-5065  
Facsimile - 785-235-8676

**Membership Renewal  
Information & Dues Payment**

**Personal Information:**

Name: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

AAPA #: \_\_\_\_\_ KBHA# \_\_\_\_\_  
(Required for Membership)

Program Graduated from: \_\_\_\_\_ Year: \_\_\_\_\_

**Supervising Physician(s)**

Name: \_\_\_\_\_ Type of Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Practice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

**Committees that you wish to serve on:**

Membership     Scholarship     Finance     Public Education  
 CME     Legislative     Professional Wellness

**Membership Fee Schedule:**

Fellow and Sustaining - \$90.00     Student - \$25.00     Physician - \$25.00  
 Federal Employee - \$65.00     Associate - \$90.00     Affiliate - \$40.00

(A \$10.00 late fee should be applied to all dues payments postmarked after February 15<sup>th</sup>.)

Make check payable to: **KANSAS ACADEMY OF PHYSICIAN ASSISTANTS**

*Credit Card Payments (by MasterCard & VISA)*

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. Date

*Revised November, 2007*