



Gastroenterology Physician Assistants Membership Application

PO Box 82511 ♦ Tampa, FL 33682
Phone (813) 766-8807 ♦ Fax (813) 856-3533
Email GIPA@Focus-ED.net ♦ Web www.gipas.org

Please note: The GIPA Membership Year is July 1 through June 30

Name: _____ Membership Type: Renewal New Member

Company: _____ Home Address: _____

Address: _____

_____ Home Phone: _____

Work Phone: _____ Date: _____

Work Fax: _____

Preferred E-mail: _____

I am interested in serving GIPA as a volunteer Yes No

AAPA Member: Yes No AAPA Member Number: _____

NCCPA Certified: Yes No NCCPA Certificate Number: _____

My sub-specialty/areas of expertise are: _____

My work setting is: _____

Supervising Physician Name: _____

Membership Types and Dues

- Fellow Membership - \$30:** Physician Assistants who currently practice in the field of gastroenterology
- Sustaining Membership - \$30:** PAs, certified by the NCCPA, who have chosen not to practice in Gastroenterology and Hepatology, but who still wish to support GIPA.
- Physician Membership - \$30:** U.S. licensed physicians who wish to associate with and support the organization.
- Affiliate Membership - \$30:** are ineligible for the above categories and wish to associate with the organization. Their memberships must be approved by the Board of Directors.
- Student Membership - \$10:** Physician Assistant students who are currently enrolled in an ARC-approved PA program.

I would like to make an additional donation to support the efforts of GIPA. Amount: _____

Payment Options

Credit Card: VISA MasterCard American Express Check Enclosed

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____ Date: _____

If paying by check, please make your check payable to: GIPA

Please mail to GIPA, PO Box 82511, Tampa, FL 33682 or Fax to (813) 856-3533