



## 2021 Membership Application/ Dues Renewal

### Contact Information

Full Name

Email Address

Street Address

Street Address Line 2

City

State

Zip code

Phone number

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### Note: Dues year is January – December. Dues are not prorated.

\*Co-Organizations include: ARHP – Association of Reproductive Health Professionals, ACOG – American College of Obstetricians and Gynecologists, AFPPA – Association of Family Practice Physician Assistants, NCCPA - National Commission on Certification of Physician Assistants, AFPPA – Association of Family Practice Physician Assistants

### Please check a membership category below:

Fellow Membership (\$75.00/year or \$60.00/year if co-organization member\*)

3-year Fellow Membership Discount (\$175.00 or \$150.00 if co-organization member\*)

Physician Membership (\$75.00/year or \$60.00 if co-organization member\*)

Associate Membership (\$40.00/year Special New Grad Rate) - PAs who graduated from an accredited PA program within the last two years\*

Affiliate Membership (\$50.00/year)

Student Membership (\$25.00/ covers membership through end of graduation year)

Pre-PA Membership (\$25.00/year)

Graduation Year (Required  
if Associate/ Student):

School (Required if Student):

**2021 ACOG Educational Affiliate Membership Discount Offer:**

Join/Renew with APAOG and take advantage of membership with the American College of Obstetrics & Gynecology (ACOG) for \$150 (a \$245 value)! Contact the APAOG office after joining for details on receiving this offer. (Offer valid November 1, 2020 - June 30, 2021)

**Please check the APAOG website for more information on membership types and eligibility: [www.paobgyn.org/membership](http://www.paobgyn.org/membership)**

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**Please return this form with payment to:**  
APAOG Office  
563 Carter Ct, Ste B, Kimberly, WI 54136  
Fax: 920-882-3655 or Email: [apaog@badgerbay.co](mailto:apaog@badgerbay.co)

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Total Enclosed:

Method of Payment:

Check

Credit Card (Visa, MasterCard, Discover, AMEX)

Check #:	Card #	Expiration Date:	Security Code:
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Name as Printed on Card:

Billing Address (City, State, Zip):