

## Membership Application

Name \_\_\_\_\_ Hospital Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Number \_\_\_\_\_

Promo Code (if applicable) \_\_\_\_\_ Referred by \_\_\_\_\_

I prefer to be contacted: ☐ Home ☐ Mobile ☐ Work Work Setting: ☐ ED ☐ Urgent Care ☐ Other:

May we share your contact information for CME, employment and product information? ☐ Yes ☐ No

AAPA Member #: \_\_\_\_\_ NCCPA #: \_\_\_\_\_ PA License #: \_\_\_\_\_

Certification Board: \_\_\_\_\_ Certification Date: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

PA Grad Program: \_\_\_\_\_ PA Grad Program Graduation date: \_\_\_\_\_

PA Post-Grad Program: \_\_\_\_\_ PA Post-Grad Graduation Date: \_\_\_\_\_

Medical Group Name: \_\_\_\_\_ Number of EMPAs in your group: \_\_\_\_\_

### Membership Categories (please check one) - SEMPA's membership year is one year from date of enrollment

- ☐ **Fellow** An emergency medicine physician assistant who graduated from an ARC-PA Accredited PA Program and is working in emergency medicine or urgent care, or is involved in research and/or teaching pertaining to emergency medicine. Fellow members shall be eligible to hold office and shall have full voting rights.  
*Dues: \$160 – 1 year / \$295 – 2 years*
- ☐ **Military** An emergency medicine physician assistant who graduated from an ARC-PA Accredited PA Program, is Active Duty with the US Military, Coast Guard or National Guard and working in emergency medicine. Military members shall be eligible to hold office and shall have full voting rights.  
*Dues: \$100 annually*
- ☐ **Associate** An individual who is not eligible to be a Fellow member but has an interest in the field of emergency medicine physician assistants. Associate members shall be entitled to participate in all SEMPA activities, committees, and petitions to the Board but are not eligible for election to the Board of Directors. Associate members shall have no voting rights.  
*Dues: \$180 annually*
- ☐ **Student** A student currently enrolled in an ARC-PA Accredited Program with an interest in emergency medicine. Student members shall be entitled to participate in all SEMPA activities, committees, and petitions to the Board but are not eligible for election to the Board of Directors. Student members shall have no voting rights.  
*Dues: \$25 annually*
- ☐ **Resident** A resident currently enrolled in a PA Emergency Medicine Program. Resident members shall be entitled to participate in all SEMPA activities, committees, and petitions to the Board but are not eligible for election to the Board of Directors. Resident members shall have full voting rights.  
*Dues: \$50 annually*

#### Annals of Emergency Medicine

SEMPA members can order a year subscription of the hard-copy version of *Annals of Emergency Medicine* for only \$24 a year. To subscribe please check the box below to indicate your approval to charge you the subscription fee. Your *Annals* subscription expiration date will match your membership expiration date and will be due at the same time you renew your membership.

- ☐ Yes, sign me up for *Annals of Emergency Medicine* **print** subscription for \$24 a year.
- ☐ Yes, sign me up for *Annals of Emergency Medicine* **online** subscription for \$10 a year.

#### Payment

\$ \_\_\_\_\_ Total Dues (from above)

\$ \_\_\_\_\_ Contribution to the SEMPA Scholarship Fund

\$ \_\_\_\_\_ Total *Annals* Subscription (from above)

\$ \_\_\_\_\_ TOTAL PAYMENT

☐ Check enclosed (payable to SEMPA) Check # \_\_\_\_\_

☐ Charge my credit card:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

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

Expiration: \_\_\_\_\_ Verification # \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Mail completed application and payment to: SEMPA, 224 West State St., Trenton, NJ 08608