



Gastroenterology Physician Assistants
950 N. Washington Street ~ Alexandria, VA 22314-1552
E-mail: gipa@aapa.org ~ Fax: 703/684-1924

Membership Application
GIPA membership year – Anniversary Membership Year

Name: _____ Membership Type: _____
Company: _____ Home Address: _____
Address: _____

Home Phone: _____
Work Phone: _____
Work Fax: _____
Preferred E-mail: _____
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: _____

Please use this address for my membership mailings: Email (to conserve cost and paper) Home Work

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

Please check here if you do not want to be listed in the annual GIPA membership directory
 Please check here if you would like to receive a complimentary membership to the American Association for the study of Liver Disease (please join AASLD and mail proof of payment to address above for reimbursement).

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
Students are not eligible for membership to the Crohn's & Colitis Foundation

Payment Options

I would like to make an additional donation to support the efforts of GIPA. Amount: _____
Credit Card: VISA MasterCard American Express Check Enclosed
Card Number: _____ Expiration Date: _____
Name on Card: _____ Signature: _____ Date: _____

I am interested in serving GIPA as a volunteer

Fax: 703/684-1924
If paying by check, please make your check payable to: GIPA
Please mail to 950 N. Washington Street, Alexandria, VA 22314-1552