



Gastroenterology Physician Assistants
PO Box 82511 Tampa, FL 33682
E-mail: GIPA@Focus-ED.net Fax: (813) 988-7796
Membership Application
GIPA Membership Year – July 1 to June 30

Name: _____ Membership Type: Renewal New Member
Company: _____ Home Address: _____
Address: _____
_____ Home Phone: _____
Work Phone: _____
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: _____

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.

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: _____

Fax: (813) 988-7796
If paying by check, please make your check payable to: GIPA
Please mail to GIPA, PO Box 82511, Tampa, FL 33682