



Application for Status as NCAPA Sustaining Member, Retired*

Name _____ Degree/Designation _____

Birth date _____ Date of retirement from full and part-time practice _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Specialty _____

Please check the box **only if you agree** with the following statement(s)

I do not wish to receive Third Party Communications.

Yes, I am interested in participating on an NCAPA Committee.

Dues rate for Sustaining Member, Retired: \$150 less 50% discount) = \$75 (1 Year)

Please do not include payment. Applications for Sustaining Memberships must be approved by the Membership Committee. If approved, you will be contacted and payment may be made at that time.

How long have you been a member of NCAPA? _____

Have you ever participated in NCAPA as a Board or Committee member? If so, please describe involvement:

***Policy and Procedure approved by the NCAPA Board of Directors, 2012**

4150.4 A physician assistant who is 65 years of age and retired from full or part-time practice and otherwise qualified to be a fellow or associate NCAPA member may apply for retired status under the Sustaining Member category.

Retired status will afford the individual all of the rights and privileges of the membership status at the time of application, except the right to vote and hold office. Once the application is approved by the Membership Committee, the dues for the retiree will be reduced to 50% of the regular fee for membership. This will affect only the NCAPA membership, not any bundled memberships.

► PROMOTE THE PROFESSION BY DONATING TO THE NCAPA ENDOWMENT ◀

(Please see the NCAPA Endowment section of www.ncapa.org for more information)