

## **Application for Sustaining Member, Retired Status\***

Name	Degree/Designation	
Birth date Dat	e of retirement from full and pa	rt-time practice
Address		
City	State	Zip
Email	Phone	
Specialty		
Please check the box <b>only if you agree</b>		
☐ I do not wish to receive Communications.	Third Party	Yes, I am interested in participating on an NCAPA Committee.
Dues rate for Sustaini	ng Member, Retired: \$150 less	<b>50% discount) = \$75</b> (1 Year)
	ent. Applications for Sustaining Men approved, you will be contacted and p	
How long have you been a me	ember of NCAPA?	
Have you ever participated in involvement:	NCAPA as a Board or Committe	ee member? If so, please describe

## \*Policy and Procedure approved by the NCAPA Board of Directors, 2017

4004.4 A PA who is 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. These applications will be reviewed for approval by the Membership Committee.

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, 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.