

**ACADEMY OF PHYSICIAN ASSISTANTS IN LEGAL MEDICINE
PAPER MEMBERSHIP FORM**

Dues apply for one year or five years as of the date of payment.

PLEASE CHECK ALL THAT APPLY

_____ One Year FELLOW Member - \$50 enclosed _____new _____renewal

_____ Five Year FELLOW Member - \$200 enclosed _____new _____renewal

_____ One Year NON PA OR NON FELLOW Member - \$50 enclosed _____new _____renewal

_____ Five Year NON PA/POR NON FELLOW Member - \$200 enclosed _____new _____renewal

_____ Student member one year – free

For members who intend to provide services as a PA Standard of Care Expert PA Experts

_____ I have read and agree to uphold the |AAPA Ethical Guidelines for PA who provides testimony as an Expert Witness” that are posted on the APALM website.

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE(S): _____

Please submit this form and mail with check to:

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APALM Treasurer
7033 Wellauer Dr
Milwaukee, WI 53213

Phone: (414) 517-6915 cell