

# Alaska State Medical Association (ASMA)

## 2021 Membership Application

Physician Assistant

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Name (*first, middle, last*): \_\_\_\_\_ Degree(s): \_\_\_\_\_

NPI #: \_\_\_\_\_ AK License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Collaborating Physician \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Specialty(ies) \_\_\_\_\_

School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

### Payment Summary:

ASMA Affiliate Member (PA) Dues \$ 150.00

PA Student Dues \$ Complimentary

**ASMA dues** are not deductible as a charitable contribution for federal income tax purposes but may be partially deductible as an ordinary and necessary business expense **24.15% of ASMA dues** are not deductible as an ordinary and necessary business expense, because this portion of dues is attributable to lobbying activities.