

Alaska State Medical Association (ASMA)

Membership Application

Physician Assistant

4107 Laurel Street, Anchorage, AK 99508 • (907) 562-0304 • asma@asmadocs.org • asmadocs.org

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 **19.24% of ASMA dues** are not deductible as an ordinary and necessary business expense, because this portion of dues is attributable to lobbying activities.