



®

Please complete all items on this form

APPA Membership Application

3 ways to join!

- Fax Application to (954) 571-8582
- Mail Form to Association Services, 350 Fairway Drive, Suite 200, Deerfield Beach, FL 33441-1834
- Call (800) 221-2168 ext. 5 with your information

Member Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Fax: _____ Email: _____

Preferred Mailing Address: *(Please select one)* Home () Business ()

Social Security Number: _____ Date of Birth _____

Gender: Male () Female ()

I have the following degree: MD () DO () DDS () DMD ()

Select Membership Term: 1 Year/\$50 () 3 Years/\$120 () Lifetime/\$395 ()

Payment Method: Check Enclosed () Visa () MasterCard ()

Credit Card #: _____

Expiration Date: _____

For Complimentary Accidental Death & Dismemberment Coverage

Beneficiary Name: _____

Relationship to You: _____

Member Signature: _____ Date: _____