



# INDIVIDUAL ADVOCACY MEMBERSHIP

## APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\$10

Member Annual Dues

\$450

Non-Member Annual Dues

### BENEFITS

**Exclusive Events** *Meetings, Panels, Receptions*

**Subscriptions** *The Monthly Dose, Washington Weekly Update, Journal of America's Physician Groups*

**Discounts** *Annual Meeting & Colloquium in Washington, D.C.*

**Access** *Advocacy Campaigns & Materials*

### I AM *(check one)*

- A physician or an executive that is currently employed by (or who contracts with) a member organization.
- A physician or executive from a medical group, IPA or other organization that takes risk, or aspires to take risk.
- A researcher, professor, or student at a medical school, school of osteopathic medicine, school of public health, or other graduate healthcare or business degree program.
- Other: \_\_\_\_\_



**INFORM**



**ADVOCATE**



**ENGAGE**

America's Physician Groups staff will review Advocacy Membership applications and may request additional information as needed.

Applicants will be notified in writing regarding acceptance.