



Founders' Campaign

Send this completed form with payment to:

National Physicians Alliance
1902 Association Drive
Suite 200
Reston, VA 20191

Questions?

Call 703.254.8972 or visit us online at www.npalliance.org.

Name: _____

Home address: _____

Work address: _____

(check preferred mailing address)

Phone: w) _____ h) _____

E-mail: _____

Name of medical school: _____

Year of graduation: _____ Specialty: _____

Board Certified? yes no (If you have completed training)

If you are still in training, enter expected date of residency or fellowship completion: _____

The NPA encourages member participation. If you would like to work with us in any of the following areas, please check any and all that apply.

- Membership and Benefits
- Meetings and Retreats
- Public Policy
- Public Relations/Marketing
- Development
- Website
- Local Organizing
- Other: _____

MEMBERSHIP APPLICATION

Member type and annual dues

Physician (Completed training) \$ 120

Resident or Fellow Physician (Currently in graduate or postgraduate training) \$ 60

In addition to becoming a general member, I would like to participate in the NPA's Founders' Campaign at the level checked below:

- Advocate \$ 600
- Patron \$ 3,000
- Leader \$ 1,200
- Benefactor \$ 6,000 +

Total: _____

- My check is enclosed
- Please bill my credit card: Visa Mastercard

If you are donating by credit card, please check here if you would prefer to make your donation in equal monthly payments.

Credit card number: _____

Expiration date: _____

Signature of cardholder: _____

Date: _____ Over ➔

www.npalliance.org

This information is for internal purposes and will be used in aggregate form only.

(1) During a typical work week, what is the percentage of time you work in the following settings?

(Total must equal 100%)

Direct Patient Care (self-employed) _____

Direct Patient Care (not self-employed) _____

Administration or administrative duties _____

Supervising activities in an academic setting _____

Research _____

Private Business _____

Health Policy _____

Residency Training _____

Fellowship Training _____

Not in Practice

(includes retirement, change of careers, etc.) _____

Other: _____

(2) Please indicate the employment setting in which you spend most of your time.

- Small physician practice (3 or fewer)
- Single specialty group practice
- Multi-specialty group practice
- Staff Model HMO
- Medical school or parent university
- Government hospital/clinic
- Non-government hospital/clinic
- Retired
- Other: _____

(3) How would you describe the setting of your primary workplace?

- Urban, inner city
- Urban, non-inner city
- Suburban
- Rural
- Other: _____

(4) Race (Check all that apply)

- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- White
- Some Other Race: _____

(5) Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

(6) Gender

- Male
- Female

(7) Please write the year in which you were born. 19____



Membership dues are not refundable. NPA membership dues are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible by members as an ordinary and necessary business expense; please consult your tax adviser. The National Physicians Alliance reserves the right to refuse or rescind membership to any person at any time.