

APPLICATION FOR MEMBERSHIP

Association of American Physicians and Surgeons

SPECIAL OFFER TO NEW MEMBERS: **First year membership only \$125 with this referral.**

Regular annual rate: \$285

Physicians in Training: \$30

Medical Students: Free

☐ YES! I want to join AAPS.

☐ Please send me the free video, **“Different Doctors.”**

☐ *I’m not ready to join yet, but please send me the free video.*

☐ Check Enclosed ☐ Please charge my credit card # _____ Exp. _____ (VISA, MC)

Name _____

Amount \$ _____

Address _____

Signature _____

Phone _____

FAX _____

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Specialty _____

Date of Birth _____

Referring member _____

Fax or mail to AAPS:

1601 N. Tucson Blvd, Ste 9, Tucson AZ 85716

Fax: (520-325-4230)

Online registration:

www.aapsonline.org

MORE INFORMATION

(800) 635-1196



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