APP - Membership Application

Physician Assistants (PAs) and Advanced Practice Nurses (APNs) who are currently practicing in urology are eligible to apply for Advanced Practice Provider membership. APP membership is FREE.

Please review the list of requirements below and get started on your path to membership by submitting application to info@maaua.org.

MA-AUA Membership Checklist

☐ **Completed Application**

☐ **Sponsor Letter or Sponsor Endorsement Form**

AUA ID (if available)_____

Prefix:_____**Name:**_____**Suffix:**_____

Credential(s):_____

Title:_____

Institution/Organization:_____

Licenses: _____**State/Country of Licensure:** _____

Certifications:_____

Specialty: _____

Hospital Affiliations: _____

Gender: ☐ **M or** ☐ **F** **Date of Birth:** _____

Preferred Mailing Address (☐**Home or** ☐**Work):**_____

City:_____**State:**_____**Zip:**_____**Phone:**_____

Secondary Mailing Address (☐**Home or** ☐**Work):**_____

City:_____**State:**_____**Zip:**_____**Phone:**_____

Email:_____

Submit the completed application with your sponsor letter to info@maaua.org or by fax 410-689-3825.

WE LOOK FORWARD TO YOUR PARTICIPATION!

Mid-Atlantic Section of the AUA
1000 Corporate Blvd. | Linthicum, MD 21090 | 410-689-3950 | info@maaua.org