



Society of Emergency Medicine Physician Assistants

GROUP ENROLLMENT APPLICATION

To apply, please call 877-297-7594, ext. 3168, fax at 972-580-2816, e-mail at groups@sempa.org or mail the completed form to 1125 Executive Cir, Irving, TX 75038.

We Want to Participate! (Check all that apply)

- Group Billing**
- 100% Club**

Contact:

Group Name:

Mailing

Address:

City:

State:

ZIP:

Telephone #:

Fax:

E-Mail:

For Group Billing, I would like to pay:

- Annually, beginning _____ (month)**

I understand that this will allow me to pay all of my physicians' annual SEMPA membership dues on one group bill and will allow them to have a common, annual renewal date. I also understand that in some cases some SEMPA memberships may be prorated to accommodate the group billing process. **Please attach a list of your emergency physician assistants and their SEMPA member ID numbers (if known).**

For the 100% Club

All eligible emergency physician assistants in your group must be members. To help us determine your eligibility for this program, **please attach a list of all of your emergency physician assistants and their SEMPA member ID numbers (if known).**

HEADQUARTERS

Post Office Box 619911
Dallas, Texas 75261-9911

1125 Executive Circle
Irving, Texas 75038-2522

877-297-7594
469-499-0128
972-580-2816 (FAX)
www.sempa.org

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