

**ASEPA Student Membership Data Sheet**

**First Name:**

**Middle Initial:**

**Last Name:**

**Credential: PA-S**

**Address:**

**City:**

**State:**

**Zip Code:**

**Home Phone:**

**Cell Phone:**

**PA Program:**

**Expected Graduation Date:**

**E-mail address:**

**Are you looking for an endocrinology rotation:**

**If yes, what city/state:**

**\*Student Membership is free.**

**After filling out this form print it and then mail it to:**

**Sarah Campbell, Membership Chair  
8907 Ivey Glen Court  
Knoxville, TN 37922**

**Email any questions to: [sarahjocamp@yahoo.com](mailto:sarahjocamp@yahoo.com)**