



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 or 847-906-8405.

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: _____

WE LOOK FORWARD TO YOUR PARTICIPATION!

Mid-Atlantic Section of the AUA
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