

### Applicant Information

Former Member? <input type="radio"/> Yes <input type="radio"/> No	Last 4 digits of Social Security #	
Name at Graduation or Under Which Previously a Member		
First Name	Middle Name	Last Name
Preferred Mailing Address <input type="radio"/> Home <input type="radio"/> Office		
Address		
City	State	
Zip	Country	
Office Phone	Home Phone	
( )	( )	
Fax	Cell Phone	
( )	( )	
E-mail		
Chapter Preference (If different from Mailing Address, please explain.)		
May your contact information be listed in the Online APTA Membership Directory?		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Send me an APTA Membership Certificate.		

### Demographic Information

The following information is requested for demographic purposes only.

Gender <input type="radio"/> Male <input type="radio"/> Female	Birth Year
Race/Ethnic Origin	
<input type="radio"/> African American or Black (Not of Hispanic Origin) (3)	<input type="radio"/> American Indian or Alaskan Native (1)
<input type="radio"/> Asian (2)	<input type="radio"/> Hispanic/Latino (5)
<input type="radio"/> Pacific Islander or Native Hawaiian (7)	<input type="radio"/> White (Not of Hispanic Origin) (4)
	<input type="radio"/> Other (6)

### Payment Method

Please check one method of payment.	
<input type="radio"/> Check made payable to APTA in the amount of \$ _____	
<input type="radio"/> Please charge \$ _____ to my:	
<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express	
Credit/Debit Card #	
Expiration Date	Billing Zip
Cardholder's Name	
Signature	

#### Payment Options - Select One

Choose the option that's right for you.

- PAY IN FULL** One time payment.
- EASY PAY PLAN** Pay my APTA dues in 4 payments over 6 months.
- AUTO RENEW PLAN** Automatically renew my annual dues and voluntary contributions each year.

Note: Credit/debit payment method required to participate in the Easy Pay Plan or Auto Renew Plan. See reverse for enrollment form.

### Education

Name of your entry-level PT/PTA school/institution		
Degree	<input type="radio"/> Doctorate <input type="radio"/> MA/MS <input type="radio"/> BA/BS <input type="radio"/> AA <input type="radio"/> Certificate	
Graduation Date (or Expected Graduation/Completion Date)		
Month:	Year:	PT/PTA—Please send a copy of your diploma.

### All Student Applicants

Provide your program director's full name and telephone number for verification.

Program Director's Name	Phone #
	( )
<b>If applying for PT Post-Professional Student membership, submit verification of enrollment form with application. Download form at <a href="http://www.apta.org/svf">www.apta.org/svf</a>.</b>	

### Ethics Code/Standards Pledge

Please check the appropriate pledge and sign in the space provided. View the Code/Standards at <a href="http://www.apta.org/ethics">www.apta.org/ethics</a> .	
<input type="radio"/> As a <b>Physical Therapist, PT Post-Professional Student, or Student Physical Therapist</b> member, I pledge that I will comply with the Code of Ethics of the American Physical Therapy Association.	
<input type="radio"/> As a <b>Physical Therapist Assistant or Student Physical Therapist Assistant</b> member, I pledge that I will comply with the Standards of Ethical Conduct for the Physical Therapist Assistant of the American Physical Therapy Association.	
Applicant's Signature	Date

### Membership Dues

See reverse for membership qualifications and dues schedules.

National Dues	\$
Chapter Dues	\$
Total Section Dues (Check below to join)	\$
<input type="radio"/> Acute Care (I) <input type="radio"/> Geriatrics (P) <input type="radio"/> Orthopaedic (J) <input type="radio"/> Aquatic Physical Therapy (Q) <input type="radio"/> Hand Rehabilitation (S) <input type="radio"/> Pediatrics (H) <input type="radio"/> Cardiovascular & Pulmonary (L) <input type="radio"/> Health Policy & Admin (Y) <input type="radio"/> Private Practice (E) <input type="radio"/> Clinical Electro & Wound Mgmt (K) <input type="radio"/> Home Health (B) <input type="radio"/> Research (D) <input type="radio"/> Education (C) <input type="radio"/> Neurology (N) <input type="radio"/> Sports Physical Therapy (F) <input type="radio"/> Federal Physical Therapy (R) <input type="radio"/> Oncology (T) <input type="radio"/> Women's Health (M)	
Total Corresponding Dues (See on reverse)	\$
Total Voluntary Contributions (See below)	\$
<b>Foundation for Physical Therapy</b> <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 <input type="radio"/> Other \$ _____	<b>PT-Political Action Committee (PT-PAC)</b> <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> Other \$ _____ Contribution Type (check one): <input type="radio"/> Personal <input type="radio"/> Corporate
<b>Minority Scholarship Fund</b> <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$125 <input type="radio"/> Other \$ _____	<b>PT-PAC Contribution Disclaimer:</b> Contributions to PT-PAC are not tax deductible as charitable contributions. Contributions are voluntary. Your contribution will be used to support candidates for federal office who support physical therapy issues. The amount given by the contributor, or the refusal to give, will not benefit or disadvantage the person being solicited.
<b>World Confederation for Physical Therapy (WCPT) Fund</b> <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> Other \$ _____	
<b>GRAND TOTAL</b>	\$

#### Complete only if using Easy Pay Plan.

Grand Total from Above	\$
Easy Pay Processing Fee	\$ 15.00
Total	\$
<b>EASY PAY PAYMENT</b> (Divide total by 4 to determine the amount of each payment.)	\$

For Office Use Only	Source Code: web2010	
ID#:	Type/Cat:	Paid Thru:

## 2010 National Dues

PT	PTA	Student PT or PTA	PT Post-Professional Student
\$295	\$190	\$80	\$150

## 2010 Chapter Dues

Chapter	PT	PTA	Student PT or PTA	PT Post-Professional Student	Corresponding Dues (Optional)
Alabama	\$140	\$65	\$5	\$5	\$65
Alaska	75	30	8	30	75
Arizona	140	84	0	0	140
Arkansas	115	55	0	50	50
California	245	156	23	100	120
Colorado	145	87	20	65	65
Connecticut	120	60	10	10	60
Delaware	110	50	25	25	50
DC	75	25	25	25	25
Florida	185	135	10	125	150
Georgia	105	52.50	7	105	70
Hawaii	120	50	15	75	25
Idaho	95	70	20	20	10
Illinois	150	75	10	90	150
Indiana	120	65	0	120	120
Iowa	147	71	20	65	70
Kansas	80	45	10	30	40
Kentucky	105	75	0	50	105
Louisiana	125	94	0	25	50
Maine	70	35	0	25	15
Maryland	120	60	0	75	60
Massachusetts	120	60	24	60	120
Michigan	125	65	10	100	100
Minnesota	140	60	10	10	50
Mississippi	100	50	10	10	50
Missouri	110	85	10	10	40
Montana	100	50	0	50	50
Nebraska	75	40	0	0	75
Nevada	100	80	0	50	50
New Hampshire	75	40	10	10	15
New Jersey	145	80	15	75	50
New Mexico	100	50	10	100	30
New York	180	115	5	110	90
North Carolina	135	90	10	0	55
North Dakota	60	40	0	60	30
Ohio	170	99	10	50	48
Oklahoma	100	65	10	10	20
Oregon	115	65	20	55	50
Pennsylvania	155	115	5	50	85
Puerto Rico	20	20	0	0	20
Rhode Island	80	40	10	50	25
South Carolina	100	60	5	100	50
South Dakota	100	40	25	25	0
Tennessee	100	67	0	60	25
Texas	155	103	10	100	100
Utah	100	25	5	100	0
Vermont	60	40	0	0	20
Virginia	85	60	0	50	75
Washington	125	82	0	40	50
West Virginia	90	60	10	25	25
Wisconsin	156	79	15	90	45
Wyoming	90	52	15	50	40

Visit [www.apta.org/tax](http://www.apta.org/tax) for information on the deductibility of voluntary contributions. This page also identifies the portions of your national, chapter, and section dues that are not deductible as an ordinary and necessary business expense, to the extent that APTA and your chapter and/or section(s) engage in lobbying on behalf of their members. Please note that \$12 of your annual membership dues is applied towards a subscription to *Physical Therapy* and \$10 towards a subscription to *PT in Motion* (formerly *PT Magazine*), both of which are inseparable from dues and disclosed as per USPS regulations. Contact APTA for nonmember rates.

## 2010 Section Dues

Section	PT	PTA	Student PT or PTA	PT Post-Professional Student
Acute Care (I)	\$40	\$20	\$9	\$20
Aquatic Physical Therapy (Q)	45	35	20	20
Cardiovascular & Pulmonary (L)	40	20	10	20
Clinical Electrophysiology & Wound Management (K)	35	25	5	5
Education (C)	50	35	15	25
Federal Physical Therapy (R)	25	18	8	15
Geriatrics (P)	45	35	15	15
Hand Rehabilitation (S)	35	25	10	21
Health Policy & Administration (Y)	50	30	10	30
Home Health (B)	35	30	10	10
Neurology (N)	50	25	20	20
Oncology (T)	35	20	10	10
Orthopaedic (J)	50	30	15	15
Pediatrics (H)	55	35	20	30
Private Practice (E)	175	105	50	150
Research (D)	35	25	0	5
Sports Physical Therapy (F)	60	50	20	25
Women's Health (M)	50	25	25	25

## Membership Qualifications

**All categories of membership are based on education**, not on licensure. Both national and chapter memberships are required. You must belong to the chapter of the state in which you live, work, or attend school, or of an adjacent state if more active participation is possible. Membership is effective for 12 months. Corresponding dues entitle APTA members to participate in additional chapters. These dues are in addition to your 2010 chapter dues.

**Physical Therapist Applicant**—To qualify, you must be a graduate of a CAPTE accredited PT program. Exception: If educated abroad and living in the United States, submit a credentials evaluation OR a license from a U.S. jurisdiction that requires a credentials evaluation prior to licensure. Visit [www.apta.org/eligibility](http://www.apta.org/eligibility) for further details.

**Physical Therapist Assistant Applicant**—To qualify, you must be a graduate of a CAPTE accredited PTA program. Exception: If educated abroad and living in the United States, submit a credentials evaluation OR a license from a U.S. jurisdiction that requires a credentials evaluation prior to licensure. Visit [www.apta.org/eligibility](http://www.apta.org/eligibility) for further details.

**PT Post-Professional Student Applicant**—To qualify, you must submit verification that you are enrolled **full-time** in an advanced post-professional program or **APTA credentialed** residency or fellowship program, know your anticipated completion date, and meet all of the qualifications for Physical Therapist membership (see above). *Transition DPT students are not eligible for PT post-professional student membership.*

**Student Applicant**—To qualify, you must be enrolled in an entry-level PT or PTA program (full- or part-time) that is accredited, is seeking, or has been granted candidacy status by the Commission on Accreditation in Physical Therapy Education (CAPTE). Student membership includes online-only access to *PTJ*.

## Enrollment Form

### Designate Optional Payment Plan Below — Select One

Sign and return this completed form with your application.

**EASY PAY PLAN** I authorize APTA to charge my credit/debit card in 4 payments over 6 months for the total amount of membership dues, contributions, and a \$15 annual processing fee. *I understand that if I fail to meet my payment obligation to APTA, my membership will be terminated. Learn more at [www.apta.org/easypay](http://www.apta.org/easypay).*

**OR**

**AUTO RENEW PLAN** I authorize APTA to continue to charge my credit/debit card for my full dues (and voluntary contributions) from year to year until such time I notify APTA by telephone at 800/999-2782, ext 3395 or 703/706-3395, or in writing at [autorenew@apta.org](mailto:autorenew@apta.org) or APTA, Attn: Member Services Department, 1111 North Fairfax Street, Alexandria, VA 22314 to cancel the automatic renewal. *I understand that my membership will be renewed annually by charging my credit/debit card my full dues at the current rate in effect at renewal (along with voluntary contributions). Learn more at [www.apta.org/autorenew](http://www.apta.org/autorenew).*

Applicant's Signature

Date

Applicant's Name (please print)