## American Physical Therapy Association

## 2024 Nonmember Affiliate Application



APTA offers a nonmember affiliate option for individuals who are not eligible for APTA membership, to provide access to association information, products, services, and meetings, and to inform and connect affiliates to APTA for collaboration within and beyond the physical therapy profession. For more about affiliate benefits, visit apta.org/Benefits.

Applicant Information				
First Name	Middle Name	La	Last Name	
Mailing Address	City	State	Zip	Country
Phone E	mail			
Nonmember Affiliate Program Options and Eligibility Individuals applying for the nonmember affiliate category affirm that they are not eligible for APTA membership, as defined by APTA bylaws and the APTA Dues and Membership and Affiliate Qualifications prescribed by APTA's Board of Directors.  Please select the nonmember affiliate type that meets your qualifications, complete the application below, and return to APTA with appropriate fee.  Annual Affiliate Fee (\$US):				
Academic Affiliate Faculty or staff teaching or working in a physical therapy education program. Must be sponsored by an APTA member employed in the same institution.				□ \$295
International Affiliate* International physical th	nerapists or physical therapist assistants w	no do not meet the qualificat	ions of APTA membersh	nip.
High-income country of residence				<b>□</b> \$295
Upper-middle income country of residence				<b>□</b> \$210
Lower-middle income country of residence				\$130
Low-income country of residence				\$50
<b>Rehabilitation Provider Affiliate</b> Rehabilitation providers (e.g., physicians, occupational therapists, speech-language pathologists, respiratory therapists) who are part of a rehabilitation team in a hospital or other practice setting.				\$380
Other Affiliate Those not defined above who demonstrate an identified connection with the profession and/or association.				\$380
Affiliates are precluded from identifying themselves as *International affiliate rates are stratified based on Wo		vel classifications. Application m	nust be completed online a	t apta.org/affiliate.
For Academic Affiliate Applicants Please have	e your APTA member sponsor complete.			
I am a current APTA member and wish to spot	nsor the above-named applicant as an Aca and is not eligible for APTA membership, as			ty member at
Sponsor Name Sponsor Signature APTA ID No.			APTA ID No.	
For International Affiliate Applicants Please indicate your applicant type:	For Rehabilitation Provider Affiliate and Other Affiliate Applicants Please indicate your provider type:			
O Physical Therapist O Student	☐ Physician ☐ Occupational therapist ☐ Speech-language pathologist ☐ Respiratory therapist			
OTTIVOIGNI THEIRIPIO	Other. Please describe your connection to the physical therapy profession.			
Eligibility Statement (Required	by All Affiliate Applicants)			
I certify that I do not meet the qualifications for prescribed by APTA's Board of Directors, and the			and Membership and Af	filiate Qualifications
Signature	Date			
Payment Method				
Check made payable to APTA in the amount of \$_ O Please charge \$ to my: C	) VISA	: O Discover		
Credit/Debit Card No.	Expiration Date			
Cardholder's Billing Address (include if different from preferred mailing address above)				
Cardholder's Name	Cardholder's Signature			

