

American Physical Therapy Association 2012 FACULTY PARTNERS APPLICATION

BENEFITS OF BELONGING

Faculty Partners enjoy many benefits, including:

- Access to APTA's Web site at www.apta.org, including *Hooked on Evidence*, *Physical Therapy*, and *PT in Motion*.
- Access to APTA Member pricing on products, services, conferences, workshops, and more.
- Open Door: APTA's portal to evidence-based practice. Free online access to text articles and abstracts from more than 2,500 health care-oriented periodicals.

WHO IS ELIGIBLE?

Individuals applying to become Faculty Partners must meet the following qualifications:

1. Faculty member who teaches in a physical therapy program accredited by the Commission on Accreditation for Physical Therapy Education (CAPTE) and is not eligible for membership within the American Physical Therapy Association.
2. Must be sponsored by an APTA member who is employed by the same institution.

ANNUAL SUBSCRIPTION FEE

\$150.00 US Dollars



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If you meet the qualifications for Faculty Partners, complete the following application and return it to APTA with the appropriate payment. Mail your application and payment to American Physical Therapy Association, P.O. Box 79054, Baltimore, MD 21279-0054.

Applicant Information

First Name	Middle Name	Last Name
Mailing Address		
Address		
City	State/Province	
Zip/Postal Code	Country	
Office Phone	Home Phone	Fax
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E-mail		

I certify that I am a faculty member at a university with a physical therapy program accredited by CAPTE and not eligible for APTA membership.	
Signature	Date
Institution	
Position	
Name of Sponsor	
I am a current APTA Member and wish to sponsor the above-named applicant as a Faculty Partner. I certify that the applicant is a faculty member at:	
and is not eligible for APTA membership as written in the APTA bylaws.	
Sponsor Signature	APTA Membership Number

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	

