

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		
() ()	() ()		
Email			
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.

Sex	<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"/> Hispanic/Latino (5)	<input type="radio"/> White (Not of Hispanic Origin) (4)
<input type="radio"/> Asian (2)	<input type="radio"/> Pacific Islander or Native Hawaiian (7)	<input type="radio"/> Other (6)	

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		
Graduation Date (or Expected Graduation/Completion Date)			
Month:	Year:	PT/PTA—Please provide primary state licensed in or a copy of your diploma.	State:

ETHICS CODE/STANDARDS PLEDGE

Please check the appropriate pledge and sign in the space provided. View the Code/Standards at www.apta.org/Ethics.

As a **Physical Therapist, PT Postprofessional Student, or Student Physical Therapist** member, I pledge that I will comply with the Code of Ethics for the Physical Therapist of the American Physical Therapy Association.

As a **Physical Therapist Assistant or Student Physical Therapist Assistant** 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
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DID ANYONE RECOMMEND THAT YOU JOIN APTA?

Referring member's name: _____

Referring member's email: _____

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 Chapter Dues (See on reverse)	\$
Total Voluntary Contributions (See below)	\$
Foundation for Physical Therapy <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 <input type="radio"/> Other \$ _____	PT-Political Action Committee (PT-PAC) <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
Minority Scholarship Fund <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$125 <input type="radio"/> Other \$ _____	PT-PAC Contribution Disclaimer: 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.
World Confederation for Physical Therapy (WCPT) Fund <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> Other \$ _____	
GRAND TOTAL	\$

PAYMENT OPTIONS

Choose the options that are 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 (full or easy pay) 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.

Complete only if using Easy Pay Plan.

Grand Total from Above	\$
Easy Pay Processing Fee	\$ 20.00
Total	\$
EASY PAY PAYMENT (Divide total by 4 to determine the amount of each payment.)	\$

PAYMENT METHOD

Payment Method - Select One

Check made payable to APTA in the amount of \$ _____

Please charge \$ _____ to my:
 VISA MasterCard American Express Discover

Credit/Debit Card #	Exp Date
Cardholder's Billing Address (include if different from preferred mailing address above)	
Cardholder's Name	
Cardholder's Signature	

2017 NATIONAL DUES

PT	PTA	Student PT or PTA	PT Postprofessional Student
\$295	\$190	\$80	\$150

2017 CHAPTER DUES

Chapter	PT	PTA	Student PT or PTA	PT Postprofessional Student	PT/PTA Corresponding Dues (Optional)	Student Corresponding Dues (Optional)
Alabama	\$140	\$65	\$5	\$5	\$65	\$5
Alaska	75	30	8	30	8	0
Arizona	140	84	0	0	140	0
Arkansas	115	55	0	50	50	0
California	245	156	23	100	120	23
Colorado	155	91	20	65	65	0
Connecticut	120	60	10	10	60	0
Delaware	110	50	30	30	50	0
DC	75	25	25	25	25	0
Florida	185	135	10	125	75	10
Georgia	170	85	20	170	112	20
Hawaii	120	50	15	75	25	0
Idaho	95	70	20	20	10	0
Illinois	210	105	15	132	210	15
Indiana	120	65	20	120	120	0
Iowa	157	81	23	75	70	23
Kansas	90	55	10	30	40	0
Kentucky	105	75	0	50	105	0
Louisiana	125	94	0	25	50	0
Maine	85	45	0	0	15	0
Maryland	120	60	0	75	60	0
Massachusetts	120	60	24	60	120	12
Michigan	125	65	10	100	100	0
Minnesota	140	60	10	10	50	0
Mississippi	115	60	10	10	50	0
Missouri	110	85	10	10	40	0
Montana	100	50	0	50	50	0
Nebraska	150	80	25	25	150	25
Nevada	125	80	10	50	50	0
New Hampshire	85	45	15	15	15	0
New Jersey	145	80	15	75	50	15
New Mexico	100	50	10	100	30	0
New York	180	115	5	110	90	5
North Carolina	135	90	10	0	55	0
North Dakota	60	40	0	60	30	0
Ohio	170	99	10	50	48	0
Oklahoma	100	65	10	10	20	0
Oregon	115	65	20	55	50	0
Pennsylvania	165	125	5	50	90	0
Rhode Island	80	40	10	50	25	0
South Carolina	130	80	5	50	50	5
South Dakota	100	40	25	25	25	0
Tennessee	105	70	0	63	26	0
Texas	155	103	10	100	100	10
Utah	100	25	5	100	0	0
Vermont	75	40	0	0	20	0
Virginia	100	70	10	50	75	0
Washington	150	97	0	40	50	0
West Virginia	125	90	15	25	50	0
Wisconsin	168	85	15	90	45	0
Wyoming	90	52	15	50	40	0

Visit 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 toward a subscription to *Physical Therapy (PTJ)* and \$10 toward a subscription to *PT in Motion*, both of which are inseparable from dues and disclosed as per USPS regulations. Contact APTA for nonmember rates.

2017 SECTION DUES

Section	PT	PTA	Student PT or PTA	PT Postprofessional Student
Acute Care (I)	\$40	\$20	\$9	\$20
Aquatic Physical Therapy (Q)	50	40	25	25
Cardiovascular & Pulmonary (L)	40	20	10	20
Clinical Electrophysiology & Wound Management (K)	40	30	5	40
Education (C)	50	35	15	25
Federal Physical Therapy (R)	25	18	8	15
Geriatrics (P)	55	35	15	15
Hand Rehabilitation (S)	35	25	10	21
Health Policy & Administration (Y)	50	30	10	30
Home Health (B)	45	35	15	15
Neurology (N)	50	25	20	20
Oncology (T)	45	30	20	20
Orthopaedic (J)	50	30	15	15
Pediatrics (H)	60	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 2017 chapter dues.

Physical Therapist Applicants—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 US jurisdiction that requires a credentials evaluation prior to licensure. Visit www.apta.org/Eligibility for further details.

Physical Therapist Assistant Applicants—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 US jurisdiction that requires a credentials evaluation prior to licensure. Visit www.apta.org/Eligibility for further details.

Student Applicants—To qualify, you must be enrolled in an entry-level PT or PTA program (full- or part-time) that is accredited, or is seeking or has been granted candidacy status, by CAPTE.

PT Postprofessional Student Applicants—To qualify, you must submit verification that you are enrolled full-time in an advanced postprofessional program or APTA-accredited residency or fellowship program, or a postdoctoral research fellowship, 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 Postprofessional student membership. Submit verification of enrollment form with application. Download form at www.apta.org/SVF.

For 2017, the following categories of members receive *Physical Therapy (PTJ)* online only. (Renewing PTs and PTAs who are not in any of these categories continue to receive *PTJ* in print as well as online.)

- PTs and PTAs (new members and members rejoining after a lapse)
- Early-Career PTs and PTAs (first 5 years of careers/practice, new and renewing members)
- Student PTs/PTAs (new and renewing members)
- PT Postprofessional Students (new and renewing members)

ENROLLMENT FORM

Designate Optional Payment Plan(s) Below

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 \$20 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.**
- AUTO RENEW PLAN** I authorize APTA to continue to charge my credit/debit card for my full or easy pay dues (and voluntary contributions) from year to year until such time I notify APTA by telephone at 800/999-2782 or in writing at 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 or easy pay dues at the current rate in effect at renewal (along with voluntary contributions). **Learn more at www.apta.org/AutoRenew.**

Member's Signature

Date

Member's Name (please print)