

Benefits of Belonging

Faculty partners enjoy many benefits, including:

- Access to select content on APTA.org, APTA Magazine, and APTA's scientific journal, PTJ: Physical Therapy & Rehabilitation Journal online.
- APTA member discounts on publications, conferences, and courses.
- Access to the latest research and resources from more than 4,500 publications through APTA Article Search and the Rehabilitation Reference Center.

Who Is Eligible?

Individuals applying to become a faculty partner must meet the following qualifications:

1. Be a faculty member who teaches in a physical therapy program that is accredited, or is seeking or has been granted candidacy status by the Commission on Accreditation in Physical Therapy Education or an APTA-accredited residency or fellowship program, but is not eligible for membership in the American Physical Therapy Association.
2. Be sponsored by an APTA member who is employed by the same institution as you.

Annual Subscription Fee: \$150

If you meet the qualifications for faculty partner, 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 75701, Baltimore, MD 21275-5701.

Applicant Information

First Name					Middle Name					Last Name														
Mailing Address					City					State					Zip					Country				
Office Phone					Home Phone					Fax														

I certify that I am a faculty member at a university with a physical therapy program accredited by CAPTE, but am 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:

but is not eligible for APTA membership, as written in the APTA bylaws.

Sponsor Signature	APTA Membership Number
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Payment Method

Please check one method of payment.

Check made payable to APTA in the amount of \$_____.
 Please charge \$_____ to my:
 VISA
 MasterCard
 American Express
 Discover

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