APTA Retired Membership Verification Form

It's time to renew your retired active membership status in the American Physical Therapy Association.

In order to continue in this category of membership, you must sign an official statement at each dues period for which you are renewing your retired active membership.

By signing below, I affirm that I meet all of the qualifications for retired membership as listed below.

- I'm 55 years of age or older.
- I have completed at least 20 years of membership.
- I no longer work in an occupation related to physical therapy.

_____ _____

Name (Please Print) Member #

_____ _____

Signature Date

Please return completed form via email, fax, or mail.

- Email memberservices@apta.org.
- Fax to 703-684-7343.
- Mail to APTA, Attn: Member Services, 1111 N. Fairfax St., Alexandria, Virginia 22314-1488.

If you are no longer retired or if you have any questions, please call APTA's Member Services Department at 800-999-2782, Monday through Friday, 8 a.m.-6 p.m. ET.

Last Updated: 05/21/2020
Contact: memberservices@apta.org

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