

2022 Membership Application

Physical Therapist • Physical Therapist Assistant • Student PT or PTA • PT Postprofessional Student



Online: apta.org/Join | **Phone:** 800-999-2782 | M-F, 8 a.m. to 6 p.m. ET | **Mail:** APTA, P.O. Box 70520, Philadelphia, PA 19176-9957

| Applicant Information | |
|---|---|
| Former Member? | <input type="radio"/> Yes <input type="radio"/> No |
| 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 we release your contact information to 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 (optional) | |
|--|---|
| 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"/> Asian (2) | <input type="radio"/> Hispanic/Latino (5) |
| <input type="radio"/> Pacific Islander or Native Hawaiian (7) | <input type="radio"/> White (Not of Hispanic Origin) (4) |
| <input type="radio"/> Other (6) | |

| Education | |
|---|-------|
| Name of your entry-level physical therapy 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 apta.org/Ethics/Core . | |
| <input type="radio"/> 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. | |
| <input type="radio"/> 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 |

| 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"/> Home Health (B) <input type="radio"/> Aquatics (Q) <input type="radio"/> Neurology (N) <input type="radio"/> Cardiovascular & Pulmonary (L) <input type="radio"/> Oncology (T) <input type="radio"/> Clinical Electro & Wound Mgmt (K) <input type="radio"/> Orthopaedic (J) <input type="radio"/> Education (C) <input type="radio"/> Pediatrics (H) <input type="radio"/> Federal (R) <input type="radio"/> Pelvic Health (M) <input type="radio"/> Geriatrics (P) <input type="radio"/> Private Practice (E) <input type="radio"/> Hand and Upper Extremity (S) <input type="radio"/> Research (D) <input type="radio"/> Health Policy & Admin (Y) <input type="radio"/> Sports (F) | |
| Total Corresponding Chapter Dues (See on reverse) | \$ |
| Total Voluntary Contributions (See below) | \$ |
| Dimensions of Diversity Fund <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> Other \$_____ | |
| Foundation for Physical Therapy Research <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$250 <input type="radio"/> Other \$_____ | |
| Minority Scholarship Fund <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> \$125 <input type="radio"/> Other \$_____ | |
| World Confederation for Physical Therapy Fund <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> Other \$_____ | |
| PTPAC, Political Action Committee of APTA <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 | |
| PTPAC Contribution Disclaimer: Contributions to PTPAC are not tax-deductible as charitable contributions. Contributions are voluntary. Your contribution will be used to support candidates for federal or state (limited to PT/PTA candidates) 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. | |

| | |
|--------------------|----|
| Grand Total | \$ |
|--------------------|----|

| Payment Options | |
|--|--|
| Choose the options that are right for you. | |
| <input type="checkbox"/> Pay in Full One-time payment for annual dues. | |
| <input type="checkbox"/> Monthly Payment Plan* 12 payments for annual dues. | |
| <input type="checkbox"/> Auto-Renew* Automatically renew my annual membership dues and voluntary contributions each year (for either option above). | |
| *Note: Credit/debit payment method required to participate in the Monthly Payment Plan and/or Auto-Renew. See apta.org/payment-terms for terms and conditions. | |
| Dues are not refundable. | |

| Payment Method (select one) | |
|---|----------|
| <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 <input type="radio"/> Discover | |
| Credit/Debit Card # | Exp Date |
| Cardholder's Billing Address (include if different from preferred mailing address above) | |
| Cardholder's Name | |
| Cardholder's Signature | |

| 2022 National Dues | | | |
|--------------------|-------|-------------------|-----------------------------|
| PT | PTA | Student PT or PTA | PT Postprofessional Student |
| \$295 | \$190 | \$80 | \$150 |

| 2022 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 | 100 | 50 | 10 | 50 | 10 | 10 |
| Arizona | 150 | 90 | 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 |
| D.C. | 90 | 45 | 30 | 45 | 45 | 30 |
| Florida | 185 | 135 | 12 | 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 | 110 | 55 | 10 | 110 | 110 | 0 |
| Iowa | 150 | 80 | 15 | 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 | 140 | 65 | 10 | 75 | 60 | 0 |
| Massachusetts | 120 | 60 | 24 | 60 | 120 | 0 |
| Michigan | 125 | 65 | 10 | 100 | 50 | 10 |
| Minnesota | 140 | 60 | 10 | 10 | 50 | 0 |
| Mississippi | 115 | 60 | 10 | 10 | 50 | 0 |
| Missouri | 120 | 85 | 20 | 30 | 40 | 40 |
| 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 | 165 | 100 | 15 | 95 | 70 | 15 |
| New Mexico | 100 | 50 | 10 | 100 | 30 | 0 |
| New York | 180 | 115 | 5 | 110 | 90 | 5 |
| North Carolina | 160 | 95 | 10 | 0 | 55 | 10 |
| North Dakota | 60 | 40 | 0 | 60 | 30 | 0 |
| Ohio | 170 | 99 | 10 | 50 | 48 | 0 |
| Oklahoma | 125 | 80 | 20 | 20 | 20 | 0 |
| Oregon | 125 | 75 | 20 | 65 | 50 | 20 |
| 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 | 50 | 5 | 100 | 5 | 5 |
| Vermont | 75 | 40 | 0 | 0 | 20 | 0 |
| Virginia | 103 | 72 | 10 | 51 | 77 | 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 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 PTJ: Physical Therapy & Rehabilitation Journal and \$10 toward a subscription to APTA Magazine, both of which are inseparable from dues. Contact APTA for nonmember rates.

| 2022 Section Dues | | | | |
|---|------|------|-------------------|-----------------------------|
| Section | PT | PTA | Student PT or PTA | PT Postprofessional Student |
| Acute Care (I) | \$40 | \$20 | \$9 | \$20 |
| Aquatics (Q) | 50 | 30 | 10 | 25 |
| Cardiovascular & Pulmonary (L) | 40 | 20 | 10 | 20 |
| Clinical Electrophysiology & Wound Management (K) | 50 | 30 | 5 | 40 |
| Education (C) | 50 | 35 | 15 | 25 |
| Federal (R) | 25 | 18 | 8 | 15 |
| Geriatrics (P) | 55 | 35 | 0 | 0 |
| Hand and Upper Extremity (S) | 40 | 30 | 0 | 25 |
| Health Policy & Administration (Y) | 50 | 30 | 10 | 30 |
| Home Health (B) | 45 | 35 | 15 | 15 |
| Neurology (N) | 55 | 30 | 20 | 20 |
| Oncology (T) | 50 | 33 | 20 | 20 |
| Orthopaedic (J) | 50 | 30 | 15 | 15 |
| Pediatrics (H) | 60 | 35 | 20 | 30 |
| Pelvic Health (M) | 75 | 35 | 35 | 35 |
| Private Practice (E) | 175 | 105 | 50 | 150 |
| Research (D) | 35 | 25 | 0 | 5 |
| Sports (F) | 60 | 50 | 20 | 25 |

Enrollment Form

Designate Optional Payment Plan(s) Below
Sign and return this completed form with your application. Note: Credit/debit payment method required to participate in the Monthly Payment Plan and/or Auto-Renew.

Monthly Payment Plan for annual dues I authorize APTA to charge my credit/debit card in 12 payments over one year for the total amount of annual membership dues, contributions, and a \$12 annual processing fee. I understand that if I fail to meet my payment obligation to APTA, my membership will be terminated. Learn more at apta.org/payment-terms.

Calculate your dues by completing your membership renewal and transferring the appropriate amounts to the form below.

| | |
|---|----------|
| National and Chapter Dues | \$ _____ |
| Total Section and Corresponding Chapter Dues | \$ _____ |
| Total Voluntary Contributions | \$ _____ |
| Processing Fee (Monthly Payment Plan Only) | \$12 |
| Grand Total | \$ _____ |
| Divide grand total by 12 to determine the amount of each monthly payment. | \$ _____ |

Auto Renew Plan I authorize APTA to continue to charge my credit/debit card for my full or monthly payment plan 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: Membership, 3030 Potomac Ave., Suite 100, Alexandria, VA, 22305-3085 to cancel the automatic renewal. I understand that my membership will be renewed annually by charging my credit/debit card for full dues at once or in 12 monthly payments at the current rate in effect at renewal (along with voluntary contributions). Learn more at apta.org/payment-terms.

| | |
|------------------------------|----------|
| Member's Signature | Date |
| Member's Name (please print) | APTA ID: |

Membership Qualifications

All membership categories are based on education, not on licensure. Both national and chapter memberships are required. Exception: Active uniformed services personnel or spouses/partners of active uniformed services personnel, may choose to be assigned to any chapter. Membership is effective for 12 months. Corresponding dues entitle APTA members to participate in additional chapters. These dues are in addition to your 2022 chapter dues.

Physical therapist applicants: To qualify, you must be a graduate of a CAPTE-accredited physical therapy program. Exception: If educated abroad and living in the United States, submit a credentials evaluation OR a license from a United States jurisdiction that requires a credentials evaluation prior to licensure. Visit 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 United States jurisdiction that requires a credentials evaluation prior to licensure. Visit apta.org/Eligibility for further details.

Student applicants: To qualify, you must be enrolled in an entry-level physical therapy 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 apta.org/SVF.