

2023 Life or Retired Membership Application

Continue to enjoy APTA's many member benefits, stay connected, and support your profession — all at a reduced rate.

Benefits of Belonging

As a Life or Retired member, you'll enjoy many benefits, including:

- APTA Magazine.
- Online access to PTJ: Physical Therapy & Rehabilitation Journal.
- Member discounts and special offers.
- Opportunity to belong to APTA's 18 specialty sections.

Please print clearly and complete all areas on the application to ensure timely processing.

Applicant Information			
Member ID	Birth Year		
First Name	Middle Name	Last Name	
Mailing Address			
City	State	Zip	Country
Home Phone	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 Member Directory?		<input type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> Send me an APTA membership certificate.			

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 member, I pledge that I will comply with the APTA Code of Ethics for the Physical Therapist.	
<input type="radio"/> As a physical therapist assistant member, I pledge that I will comply with the APTA Standards of Ethical Conduct for the Physical Therapist Assistant.	
Applicant's Signature	Date

Please check Life or Retired member and affirm your eligibility qualifications.	
<input type="radio"/> Life Member Must meet one of the following eligibility qualifications: • Be 65 years of age or older and have completed at least 30 years of membership. • Be unable to practice physical therapy due to a permanent disability, and an APTA member for at least five years.	<input type="radio"/> Retired Member Must meet all the following eligibility qualifications: • Be 55 years of age or older. • Have completed at least 20 years of membership. • No longer working in an occupation related to physical therapy.
By signing below, I affirm that I meet the qualification for life or retired membership as listed above.	
Signature _____	Date _____

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 <input type="radio"/> Discover
Credit/Debit Card #	Expiration Date
Cardholder's Billing Address (include if different from preferred mailing address above)	
Cardholder's Name	Cardholder's Signature

Membership Dues	
National Dues - Life or Retired	\$
Chapter Dues	\$
Total Section Dues (Check below to join)	\$
<input type="radio"/> Acute Care (I) <input type="radio"/> Leadership & Innovation (Y) <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 & Upper Extremity (S) <input type="radio"/> Research (D) <input type="radio"/> Home Health (B) <input type="radio"/> Sports (F)	
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 \$_____	PTPAC, Political Action Committee of APTA <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 \$_____	
PT Fund <input type="radio"/> \$25 <input type="radio"/> \$50 <input type="radio"/> \$100 <input type="radio"/> Other \$_____	
World Physiotherapy Fund <input type="radio"/> \$10 <input type="radio"/> \$25 <input type="radio"/> \$50 <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 Page 2 for enrollment form and apta.org/payment-terms for terms and conditions.	
Dues are not refundable.	

Complete only if using Monthly Payment Plan.	
Grand Total From Above	\$
Monthly Payment Plan Processing Fee	\$12
Total	\$
Monthly Payment Plan Payment (Divide total by twelve to determine the amount of each payment.)	\$

Enrollment Form

Designate Optional Payment Plan(s) below, if applicable. Sign and return this completed form with your application.

- Monthly Payment Plan** I authorize APTA to charge my credit/debit card in 12 payments over one year for the total amount of 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.
- Auto Renew Plan** I authorize APTA to continue to charge my credit/debit card for my full or monthly payment 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 Success Department, 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 my full or monthly payment dues 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)

2023 National Dues

Life PT	Life PTA	Retired PT	Retired PTA
\$60	\$60	\$120	\$120

2023 Section Dues

Component	Life PT	Life PTA	Retired PT	Retired PTA
Acute Care (I)	\$5	\$5	\$20	\$10
Aquatics (Q)	0	0	25	25
Cardiovascular & Pulmonary (L)	10	10	10	10
Clinical Electrophysiology & Wound Management (K)	0	0	0	0
Education (C)	0	0	50	35
Federal (R)	0	0	12	12
Geriatrics (P)	15	15	15	15
Hand & Upper Extremity (S)	20	10	20	10
Home Health (B)	15	15	15	15
Leadership & Innovation (Y)	15	15	30	30
Neurology (N)	50	25	50	25
Oncology (T)	22	22	22	22
Orthopaedic (J)	0	0	30	30
Pediatrics (H)	20	20	35	30
Pelvic Health (M)	0	0	0	0
Private Practice (E)	60	60	120	95
Research (D)	0	0	0	0
Sports (F)	0	0	0	0

2023 Chapter Dues

Component	Life PT	Life PTA	Retired PT	Retired PTA
Alabama	\$0	\$0	\$0	\$0
Alaska	5	5	75	35
Arizona	0	0	70	70
Arkansas	0	0	50	25
California	0	0	120	120
Colorado	35	20	65	40
Connecticut	0	0	0	0
Delaware	0	0	30	30
District of Columbia	0	0	45	30
Florida	50	50	115	115
Georgia	47	21	94	42
Hawaii	25	10	25	10
Idaho	0	0	0	0
Illinois	0	0	120	70
Indiana	0	0	0	0
Iowa	30	30	60	60
Kansas	0	0	60	30
Kentucky	0	0	0	0
Louisiana	25	25	25	25
Maine	0	0	40	20
Maryland	0	0	90	45
Massachusetts	40	40	120	60
Michigan	25	25	100	40
Minnesota	10	10	10	10
Mississippi	0	0	0	0
Missouri	0	0	0	0

Component	Life PT	Life PTA	Retired PT	Retired PTA
Montana	\$0	\$0	\$0	\$0
Nebraska	60	50	20	15
Nevada	0	0	25	15
New Hampshire	40	20	25	25
New Jersey	60	60	95	95
New Mexico	15	10	20	10
New York	0	0	90	45
North Carolina	0	0	50	35
North Dakota	0	0	0	0
Ohio	0	0	82	48
Oklahoma	0	0	50	30
Oregon	0	0	50	50
Pennsylvania	45	45	95	75
Rhode Island	0	0	0	0
South Carolina	0	0	40	40
South Dakota	0	0	0	0
Tennessee	26	26	53	53
Texas	0	0	100	75
Utah	0	0	0	0
Vermont	0	0	20	20
Virginia	0	0	51	51
Washington	0	0	90	65
West Virginia	0	0	25	25
Wisconsin	0	0	0	0
Wyoming	0	0	0	0

Renew by Mail

Return completed application to American Physical Therapy Association, P.O. Box 70520, Philadelphia, PA 19176-9957