2017 RETIRED MEMBERSHIP APPLICATION

RETIRING MEMBERSHIP
Continue to enjoy APTA's many member benefits, stay connected, and support your profession—all at reduced dues rates.

Qualifications
Individuals applying for Retired Membership must meet the following qualifications:
1. Be 55 years of age or older;
2. Have completed at least 20 years of membership; and
3. No longer be working in an occupation related to physical therapy.

APPLICATION INFORMATION

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<td>May your contact information be listed in the online APTA Member Directory?</td>
<td>Yes</td>
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<td>Send me an APTA Membership Certificate.</td>
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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 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 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 _____________

Retired Membership Qualifications:
1. Be 55 years of age or older;
2. Have completed at least 20 years of membership; and
3. No longer be working in an occupation related to physical therapy.

By signing below, I affirm that I meet the qualifications for Retired Membership as listed above.

Signature ___________________________ Date _____________

PAYMENT METHOD

Please check 1 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 ___________________________
AMERICAN PHYSICAL THERAPY ASSOCIATION

2017 Retired Membership Application

Renew by Mail
Return completed application to
American Physical Therapy Association
P.O. Box 75701, Baltimore, MD 21275-5701

Enrollment Form

Designate Optional Payment Plan 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.

Member's Signature Date
Member's Name (please print)

2017 National Dues

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