

**AMERICAN ACADEMY OF PHYSICAL THERAPY
Membership Application**

1. _____
Name (last) (First) (MI)
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Street Address
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City State Zip
4. _____ _____ _____
E-mail address Home Phone Business Phone
5. Check One: PT _____ (\$180) STUDENT _____ (\$75)
PTA _____ (\$180) ASSOCIATE _____ (\$75)
6. Name of your entry-level PT / PTA School _____
7. Degree: BA/BS _____ MA / MS _____ DPT _____ PhD _____
8. Professional work setting: _____
9. Total years of experience: _____
10. Areas of research interest: _____
11. Are you currently conducting any research? Yes _____ No _____

Please check here if your contact information can not be included in the AAPT distribution list.

Make check payable to the *American Academy of Physical Therapy*

**Mail check and membership application to:
AAPT, 3365 Richmond Road, Suite 110 Beachwood OH 44122**

**For More Information: Call 1-888-717-AAPT
or
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