



The American Academy of Physical Therapy

www.aaptnet.org

Membership Application

Date Completed ___/___/2016

Please Print Legibly

Name: _____
 First Middle Initial Last

Mailing Address: _____
 Street City State Zip

Email address: _____

Phone: (____)-____-____ (____)____-____ (____)-____-____

School(s) Attended Year of Graduation/ Degree(s) Earned

1. _____

2. _____

3. _____

Please Check One- Indicating Membership Type:

_____ PT/DPT \$180.00

_____ PTA \$180.00

_____ PT/PTA Student or Associate \$75.00 if student please indicate which school you currently are enrolled in _____

Anticipated graduation date ___/___/20___

Please Make Checks/Money Orders Payable to **The American Academy of Physical Therapy**

Attention: Membership

P.O. Box 347343

Cleveland, Ohio 44134

To pay online please visit our website below

<http://www.aaptnet.org/membership.html>