



AAPM&R Membership Application

Affiliates (Residents) OR Medical Students

This application is for **FIRST TIME MEMBERS ONLY**; it cannot be used for renewal or reinstatement of membership.

First Name (PRINT PLEASE)	Middle Initial	Last Name
Primary Address*		Secondary (Home) Address
Title		Street/Apt
Institution		
Department/Room/Suite		City, State, Zip
Street		Country
City, State, Zip		Telephone
Country		Fax
Telephone		Secondary E-Mail Address
Fax		Referring member (if applicable)
Preferred E-Mail address*		
Web Site URL		

*Unless otherwise indicated, the Primary Address and Preferred E-Mail Address will be used by AAPM&R for all billing, correspondence, and Member Directory needs. A subscription to the Academy journal, *PM&R* is included in the annual dues.

Personal and Professional Information

Date of Birth (mm/dd/yy) _____ US Citizen? Yes No Gender: Male Female

The Academy is committed to the principle of diversity in its membership and leadership. Accordingly, applicants are invited to indicate which one of the following may best describe them:

African American American Indian Asian Caucasian Latino Pacific Islander Multiracial

Do you wish to have patients referred to you by the Academy? Yes No

Academic degrees _____ Conferred by _____ Year _____

Medical degrees _____ Conferred by _____ Year _____

Membership Type (select one)

- I am applying for **AFFILIATE (RESIDENT) MEMBERSHIP IN THE ACADEMY.**
- I am applying for **MEDICAL STUDENT MEMBERSHIP IN THE ACADEMY.**

Signature of Applicant

If I am accepted for membership in the American Academy of Physical Medicine and Rehabilitation I agree to support its bylaws and to practice in accordance with the established principles of the American Medical Association.

Date Signature of Applicant

Signature of Proposer

Program Director's or Dean's signature Date (mm/dd/yy)

Print name

Address

Educational Information

Expected completion of residency training in PM&R _____ / _____
MONTH/YEAR

Undergraduate Education	Name of College or University	Degree	Graduation Date	From	To
Graduate Education	Name of College or University	Degree	Graduation Date	From	To
Internship/Clinical Affiliations	Name of Institution or Location	Type of Service		From	To
Current Residency	Name of Institution or Location	Type of Service		From	To

Member Councils & Community Networks Selection

Member Councils are divisions or constituencies of Academy membership that allow members to share common clinical interests. *Council membership is included in the cost of dues.* Please make your council selection(s) below.

- CNS Rehabilitation
- Pain Medicine/Neuromuscular Medicine
- Musculoskeletal Medicine
- Pediatric Rehabilitation/Developmental Disabilities
- Medical Rehabilitation

Primary Council _____

Community Networks are virtual social networking groups, utilizing electronic networking almost entirely. Community Network membership is included in the cost of dues. Members may join *any or all* Community Networks that interest them. Please make your selection(s) below.

- African American Physiatrists
- Practice Technology
- VA Physiatrists
- International Rehabilitation Medicine
- Research
- Women Physiatrists
- Physicians with Disabilities
- Rural Physiatrists

Payment Information

Member Type & Fees

- Affiliate (Resident): \$75 (USD)
- Medical Student \$55 (USD)

Form of Payment

- Please bill me.
- Check # _____ made payable to AAPM&R
- Credit Card

- MasterCard VISA American Express

MAIL to: American Academy of
 Physical Medicine and Rehabilitation
 P.O. Box 71905
 Chicago, IL 60694-1905
 *Please do not send payments to the national office.

Expiration Date /

Card No.

FAX to: (847) 737-6149
 Faxed applications must include CREDIT CARD PAYMENT information, VISA, MasterCard or American Express ONLY.

Cardholder's Name (please print name as it appears on card)

E-Mail to: memberservices@aapmr.org

Signature (credit card payments only)

Thank You!

Thank you for your interest in joining the American Academy of Physical Medicine and Rehabilitation (AAPM&R). For more information on member benefits and to learn more about the organization, please visit: www.aapmr.org.



American Academy of Physical Medicine and Rehabilitation

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