



AAPM&R Membership Application

Fellow (Board Certified in PM&R)

First Name (PLEASE PRINT)	M. I.	Last Name	Degree(s)
BUSINESS ADDRESS*	Preferred Mailing	Preferred Billing	
Title		Street/Apt	
Institution			
Department/Room/Suite		City, State, Zip	
Street		Country	
City, State, Zip		Telephone	Mobile Phone
Country		Fax	
Telephone		Home Email Address	
Fax		Primary Email	
Business Email Address		Referring Member (IF APPLICABLE)	
Website URL		<p><small>*Your business address will be used for the Member Directory. The <i>PM&R</i> journal and <i>The Physiatrist</i> will be sent to your preferred mailing address, and dues renewal notices to your preferred billing address. All Academy email communications will be sent to your primary email address.</small></p>	

PERSONAL AND PROFESSIONAL INFORMATION

Date of Birth (MM/DD/YY) Gender: Male Female Non-Binary

Do you consider yourself to be a gender or sexual minority? Yes No

Do you consent to allow AAPM&R to store and process your ethnicity information? Yes No

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 (check all that apply):

Black or African American (Africa, West Indian, Caribbean) Asian (Far East, Southeast Asia, Indian)

American Indian or Alaska Native (North America, South America, Central America) White (Europe, Middle East, North Africa)

Hispanic (of any race) Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, Pacific Islands)

Do you consider yourself to have a disability as defined by the Americans with Disabilities Act? Yes No

Primary Language Spoken

Academic Degrees	Conferred by	Date	
			MONTH/YEAR
Medical Degrees	Conferred by	Date	
			MONTH/YEAR
PM&R Residency: Institution		Graduation	
			MONTH/YEAR

Licensed in the state of Year Number

NPI Number Opioid Prescriber Number

MEMBERSHIP TYPE

I am applying to be a **FELLOW IN THE ACADEMY**. I have acquired my primary certification from the American Board of Physical Medicine and Rehabilitation (ABPMR) and/or the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR) and have maintained medical licensure.

ABPMR Certificate Number

AOBPMR Certificate Number

MM/YY

MM/YY

MEMBER COMMUNITIES

MEMBER COMMUNITIES are self-identified, organically established communities offering opportunities for members of all different backgrounds to connect with each other, share experiences, collaborate, and advance the future of the specialty together!

Adaptive Athletes and Sports	Interventional Pain	Pediatric Sports Medicine
African American Physiatrists	Introverted Leaders	Performing Arts Medicine
Alternative Pain Medicine	Kosher Physiatry	Physiatry in Skilled Nursing Facilities
Amputee/Limb Loss Restoration Rehabilitation	LatinX in Physiatry	Physiatry Life Care Planners
Brain Injury Medicine Fellowship Directors	Medical Educators	Private Practice Physiatrists
Business of Healthcare Physiatrists	Muslim Physiatrists	Regenerative Medicine
Cancer Rehabilitation Medicine	Neuromodulation	Research in Physiatry
Central Nervous System (CNS)	Neuromuscular Medicine and EDX	Running Medicine
Chicago Physiatrists	Overhead Athlete	South Asian Physiatrists
Early-Career Physiatrists	Pain Medicine	Spine Medicine
Exercise as Medicine	Pediatric Rehabilitation Medicine	Sports Medicine
Geriatric Rehabilitation	Pediatric Rehabilitation Medicine Current Fellows/Combination Residents and Future Candidates	Sports Medicine Current Fellows and Future Candidates
Inpatient Consultants	Pediatric Rehabilitation Medicine Fellowship Program Directors	Texas Physiatrists
Inpatient Rehabilitation		Women Physiatrists
Intellectual Disability		Wound Medicine

HOW DID YOU HEAR ABOUT US?

Colleague AAPM&R Website Residency Director AAPM&R Email Communications Mentor
Other (please specify)

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.

Signature of Applicant

Date

If you are a resident of the European Union and/or United Kingdom, please review our privacy policy at <http://www.aapmr.org/privacy-policy/privacy-policy-eu-uk>

PAYMENT INFORMATION

MEMBER TYPE & FEES

Fellow Member (Board Certified in PM&R)
2021 Calendar Year Membership \$645 (USD)

REMIT PAYMENT AND FORMS

MAIL TO: American Academy of Physical Medicine
and Rehabilitation
P.O. Box 95528
Chicago, IL 60694-5528

**Please do not send payments to the national office.*

FAX TO: (847) 563-4191

Faxed applications must include CREDIT CARD
PAYMENT information.

QUESTIONS? Email us at memberservices@aapmr.org.

FORM OF PAYMENT

Check # Made payable to AAPM&R
Credit Card
MasterCard VISA Discover American Express
Expiration Date / CVV

Credit Card Number

Cardholder's Name (PLEASE PRINT NAME AS IT APPEARS ON CARD)

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.

aapm&r

American Academy of
Physical Medicine and Rehabilitation

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