



# AAPM&R Membership Application

## Fellow (Board Certified in PM&R)

First Name (PLEASE PRINT)	M. I.	Last Name	Degree(s)	
<b>BUSINESS ADDRESS*</b>	Preferred Mailing	Preferred Billing	<b>HOME ADDRESS</b>	
Title			Street/Apt	
Institution				
Department/Room/Suite			City, State, Zip	
Street			Country	
City, State, Zip			Telephone	Mobile Phone
Country			Fax	
Telephone			Home Email Address	Primary Email
Fax			Referring Member (IF APPLICABLE)	
Business Email Address		Primary Email	<p><small>*Your business address will be used for the Member Directory. The <i>PM&amp;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>	
Website URL				

### 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	Intellectual Disability	Pediatric Sports Medicine
African American Physiatrists	International Rehabilitation and Global Health	Performing Arts Medicine
Alternative Pain Medicine	Interventional Pain	Physiatry in Skilled Nursing Facilities
Amputee/Limb Loss Restoration Rehabilitation	Introverted Leaders	Physiatry Life Care Planners
Asian Physiatrists	Kosher Physiatry	Private Practice Physiatrists
Brain Injury Medicine Current Fellows and Future Candidates	LatinX in Physiatry	Puerto Rican Physiatrists
Business of Healthcare Physiatrists	LGBTQIA+ in Physiatry	Regenerative Medicine
Cancer Rehabilitation Medicine	Medical Educators	Research in Physiatry
Central Nervous System (CNS)	Muslim Physiatrists	Running Medicine
Chicago Physiatrists	Neuromodulation	South Asian Physiatrists
Early-Career Physiatrists	Neuromuscular Medicine and EDX	Spine Medicine
Exercise as Medicine	Overhead Athlete	Sports Medicine
Geriatric Rehabilitation	Pain Medicine	Sports Medicine Current Fellows and Future Candidates
Hypermobility Syndrome	Pediatric Rehabilitation Medicine	Texas Physiatrists
Inpatient Consultants	Pediatric Rehabilitation Medicine Current Fellows/Combination Residents and Future Candidates	Women Physiatrists
Inpatient Rehabilitation		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)  
2023 Calendar Year Membership \$750 (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](mailto: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](http://www.aapmr.org).



9700 W. Bryn Mawr Ave., Ste. 200  
Rosemont, IL 60018  
[www.aapmr.org](http://www.aapmr.org)

**PHONE** 847.737.6000  
**FAX** 847.754.4368  
[info@aapmr.org](mailto:info@aapmr.org)