



AAPM&R Membership Application

Residents (U.S. and Canada)

Internal Use Only

Institute ID#

Program Pays

First Name (PLEASE PRINT)

M. I.

Last Name

Degree(s)

INSTITUTE ADDRESS*

Preferred Mailing

Preferred Billing

HOME ADDRESS

Preferred Mailing

Preferred Billing

Residency Program

Street/Apt

Resident Coordinator Name

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

* Your business address will be used for the Member Directory. *The Physiatrist* 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.

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

NPI Number

EDUCATIONAL INFORMATION (REQUIRED FOR PROCESSING)

Expected start date of residency training in PM&R

MONTH YEAR

Expected completion date of residency training in PM&R

MONTH YEAR

Graduate Education	Name of College or University	Degree	Graduation Date	From (MM/YY)	To (MM/YY)
Medical School	Name of College or University	Degree	Graduation Date	From (MM/YY)	To (MM/YY)
Internship/Clinical Affiliations	Name of Institution or Location		Type of Service	From (MM/YY)	To (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
African American Physiatrists
Age-Friendly Care in Rehabilitation
Alternative Pain Medicine
Amputee/Limb Loss Restoration
Rehabilitation
Asian Physiatrists
Brain Injury Medicine Current Fellows
and Future Candidates
Business of Healthcare Physiatrists
Cancer Rehabilitation Medicine
Central Nervous System (CNS)
Chicago Physiatrists
Early-Career Physiatrists
Exercise as Medicine
Hypermobility Syndrome
Innovation and Artificial Intelligence
Inpatient Rehabilitation
Inpatient Rehabilitation
Intellectual Disability

International Rehabilitation and
Global Health
Interventional Pain
Kosher Physiatry
LatinX in Physiatry
LGBTQIA+ in Physiatry
Medical Student Education
Muslim Physiatrists
Neuromodulation
Neuromuscular Medicine and EDX
Ohio Physiatrists
Overhead Athlete
Pain Medicine
Pediatric Inpatient Rehabilitation
Pediatric Rehabilitation Medicine
Pediatric Rehabilitation Medicine Current
Fellows/Combination Residents and
Future Candidates
Pediatric Sports Medicine
Performing Arts Medicine
Physiatry in Skilled Nursing Facilities

Physiatry Life Care Planners
Private Practice Physiatrists
Puerto Rican Physiatrists
Regenerative Medicine
Research in Physiatry
Running Medicine
Shockwave Therapy for Musculoskeletal
and Neurological Conditions
South Asian Physiatrists
Spasticity Management
Spina Bifida Providers
Spinal Cord Injury Medicine
Spine Medicine
Sports Medicine
Sports Medicine Current Fellows and
Future Candidates
Therapeutic Cannabis Physiatrists
Value Based Spine Care
Women Physiatrists
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

Resident \$90 (USD)

*Includes one-year subscription to the *PM&R* Journal.

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: Fax your membership application to (847) 563-4191
and then call AAPM&R's Customer Service team at
(847) 737-6000 from 8:30 am-5 pm (CT) to pay over
the phone with a credit card.

QUESTIONS? Email us at memberservices@aapmr.org.

FORM OF PAYMENT

Check # Made payable to AAPM&R

To pay by credit card, call AAPM&R
Customer Service at (847) 737-6000.

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.



9700 W. Bryn Mawr Ave., Ste. 200
Rosemont, IL 60018
www.aapmr.org

PHONE 847.737.6000
FAX 847.754.4368
info@aapmr.org