



AAPM&R Membership Application

Associate Fellow (Enrolled in a PM&R Related Fellowship)

First Name (PLEASE PRINT)	M. I.	Last Name	Degree(s)
FELLOWSHIP ADDRESS*	Preferred Mailing	Preferred Billing	HOME ADDRESS
	Preferred Mailing	Preferred Billing	Preferred Mailing
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	*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.		
Primary Email			
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

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

Licensed in the state of Year Number

NPI Number Opioid Prescriber Number

MEMBERSHIP TYPE

Fellowship Director's Name

I am applying for **ASSOCIATE FELLOW MEMBERSHIP IN THE ACADEMY**. I have completed training in an approved PM&R residency program at _____, dated _____, .

And I am currently enrolled in a PM&R Fellowship in _____ beginning _____ and ending _____.

I have passed Part I of the ABPMR, dated _____, .

I am a diplomate of the ABPMR, holding certificate number _____, dated _____, .

EDUCATION

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)
RESIDENCY	NAME OF INSTITUTION OR LOCATION		TYPE OF PROGRAM	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	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	Future Candidates	Texas Physiatrists
Inpatient Rehabilitation	Pediatric Rehabilitation Medicine Fellowship Program Directors	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

Associate Fellow (Enrolled in a PM&R Fellowship) \$75 (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.



American Academy of
Physical Medicine and Rehabilitation

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

PHONE 847.737.6000
FAX 847.754.4368
info@aapmr.org