



# AAPM&R Membership Application

## International Applicants

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

First Name (PLEASE PRINT)	M. I.	Last Name	Degree(s)	
<b>BUSINESS ADDRESS*</b>	Preferred Mailing	Preferred Billing	<b>HOME ADDRESS</b>	Preferred Mailing Preferred Billing
Title			Street/Apt	
Institution				
Department/Room/Suite			City, State, Zip	
Street			Country	
City, State, Zip			Telephone	
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 <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.	
Website URL				

### PERSONAL AND PROFESSIONAL INFORMATION

Date of Birth (MM/DD/YY) U.S. Citizen? Yes No Gender: Male Female

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:

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 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 for **INTERNATIONAL MEMBERSHIP IN THE ACADEMY** based on the following training and experience in PM&R:

An international member must be legally qualified to practice medicine in a country other than the United States, and have completed education, training and experience equivalent to the education, training and experience required for certification by the ABPMR.

## 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! Please make your community selection(s) below.

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

Interested in starting a new member community? Reach out to the Academy at [memberservices@aapmr.org](mailto:memberservices@aapmr.org) for more details.

### 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

International Members    \$215 (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, VISA, MasterCard, Discover or American Express ONLY.

**EMAIL:** [memberservices@aapmr.org](mailto:memberservices@aapmr.org)

\*Do not send an application form with payment via email.

### FORM OF PAYMENT

Check #                      Made payable to AAPM&R

Credit Card

MasterCard    VISA    Discover    American Express

Expiration Date    /

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).



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[www.aapmr.org](http://www.aapmr.org)    info@aapmr.org

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