

## Remit application to:

Fax: (847) 563-4191

Email: memberservices@aapmr.org

## 2023-2024 EARLY CAREER PRACTICE DISCOUNTED MEMBERSHIP PAYMENT PLAN APPLICATION

This payment plan is for <u>current</u> members who are immediately out of training and entering their first year in practice, and who are transitioning into Fellow (i.e., Board Certified) or Associate membership on the Academy's Early Career Practice Discounted Membership Plan. Members may pay their membership dues in three installments according to the following schedule. Payments will be automatically processed via a credit card and followed by a confirmation email after each installment.

Payment Date*	Amount
Upon Receipt	\$125
Week of April 1, 2024	\$125
Week of July 1, 2024	\$125

<sup>\*</sup>If received after April 1, both the first and second installments are due upon application.

When did you complete your PM&R residency to	raining?		
Have you recently completed a fellowship? $\Box$ Y	′es □ No		
If <b>yes</b> , what type of fellowship?	Sta	art Date:	End Date:
Are you Board certified in PM&R? ☐ Yes ☐ No	If <b>yes</b> , wi	hat is your C	Certificate #
Are you currently in a full-time position? ☐ Yes	□ No		
If <b>yes</b> , when did you start your new positior Practice Setting:			
If <b>no</b> , are you currently seeking a full-time perferred Practice Setting:			
Is your application directly related to COVID-193	? □ Yes □ N	0	
If yes, how has your practice been impacted by the	pandemic?		
Billing Information	UVISA UM	asterCard	□ AMEX □ Discover
Card Number:	_ Exp. Date _		Security Code
Name:		Membe	er ID #:
Address:			
Phone: Email:			
Signature			Date