



AAPM&R Membership Application

Associate (Completed Training in a PM&R Residency Program)

| | | | |
|--|-------|---|---|
| First Name (PLEASE PRINT) BUSINESS ADDRESS* Preferred Mailing Preferred Billing <hr/> Title <hr/> Institution <hr/> Department/Room/Suite <hr/> Street <hr/> City, State, Zip <hr/> Country <hr/> Telephone <hr/> Fax <hr/> Business Email Address <hr/> Website URL | M. I. | Last Name HOME ADDRESS Preferred Mailing Preferred Billing <hr/> Street/Apt <hr/> City, State, Zip <hr/> Country <hr/> Telephone <hr/> Mobile Phone <hr/> Fax <hr/> Home Email Address <hr/> Primary Email <hr/> Referring Member (IF APPLICABLE) *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. | Degree(s) Preferred Mailing Preferred Billing |
|--|-------|---|---|

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 for **ASSOCIATE MEMBERSHIP IN THE ACADEMY**. I have completed training in an approved PM&R residency program.

I have passed Part I of the ABPMR, dated _____, _____ (if applicable).

MONTH YEAR

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 | Physiatry Life Care Planners |
| African American Physiatrists | International Rehabilitation and Global Health | Private Practice Physiatrists |
| Age-Friendly Care in Rehabilitation | Interventional Pain | Puerto Rican Physiatrists |
| Alternative Pain Medicine | Kosher Physiatry | Regenerative Medicine |
| Amputee/Limb Loss Restoration | LatinX in Physiatry | Research in Physiatry |
| Rehabilitation | LGBTQIA+ in Physiatry | Running Medicine |
| Asian Physiatrists | Muslim Physiatrists | South Asian Physiatrists |
| Brain Injury Medicine Current Fellows and Future Candidates | Neuromodulation | Spasticity Management |
| Business of Healthcare Physiatrists | Neuromuscular Medicine and EDX | Spina Bifida Providers |
| Cancer Rehabilitation Medicine | Overhead Athlete | Spinal Cord Injury Medicine |
| Central Nervous System (CNS) | Pain Medicine | Spine Medicine |
| Chicago Physiatrists | Pediatric Rehabilitation Medicine | Sports Medicine |
| Early-Career Physiatrists | Pediatric Rehabilitation Medicine Current Fellows/Combination Residents and Future Candidates | Sports Medicine Current Fellows and Future Candidates |
| Exercise as Medicine | Pediatric Sports Medicine | Therapeutic Cannabis Physiatrists |
| Hypermobility Syndrome | Performing Arts Medicine | Women Physiatrists |
| Inpatient Consultants | Physiatry in Skilled Nursing Facilities | Wound Medicine |
| Inpatient Rehabilitation | | |

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 Member
2024 Calendar Year Membership \$750 (USD)

FORM OF PAYMENT

Check # Made payable to AAPM&R

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.

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

QUESTIONS? Email us at memberservices@aapmr.org.

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.



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