



# AAPM&R Membership Application

## Fellows (Board Certified in PM&R) OR Academic/Researchers

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

Please type or print

First Name	Middle Initial	Last Name
<b>Primary Address*</b>	<b>Secondary (Home) Address</b>	
Title	Street/Apt	
Institution		
Department/Room/Suite	City, State, Zip	
Street	Country	
City, State, Zip	Telephone	
Country	Fax	
Telephone	Secondary E-Mail Address	
Fax	Referring member (if applicable)	
Preferred E-Mail address*	<p><small>*Unless otherwise indicated, the Primary Address and Preferred E-Mail Address will be used by AAPM&amp;R for all billing, correspondence, and Member Directory needs. A subscription to the Academy journal, <i>PM&amp;R</i> is included in the annual dues.</small></p>	
Web Site URL		

### Personal and Professional Information

Date of Birth (mm/dd/yy) \_\_\_\_\_ US Citizen?  Yes  No Gender:  Male  Female

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 \_\_\_\_\_ Year \_\_\_\_\_

Medical degrees \_\_\_\_\_ Conferred by \_\_\_\_\_ Year \_\_\_\_\_

Licensed in the state of \_\_\_\_\_ Year \_\_\_\_\_ Number \_\_\_\_\_

### Membership Type (select one)

I am applying to be a **FELLOW IN THE ACADEMY**, I am a Diplomate of the American Board of Physical Medicine and Rehabilitation (ABPMR), holding certificate number \_\_\_\_\_, dated \_\_\_\_\_  
MONTH/YEAR

I am applying to be an **ACADEMIC/RESEARCHER IN THE ACADEMY**. I am a non physiatrist who holds an advanced degree (PhD). In addition, I have published and/or, I am actively conducting PM&R related research.

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.

\_\_\_\_\_  
Date Signature of Applicant

