



Remit application to:

Fax: (847) 563-4191
Email: memberservices@aapmr.org

2021 Prorated Payment Plan Application

AAPM&R's policy on financial hardship allows Fellow (i.e. Board Certified) and Associate Members who are suffering a period of financial hardship to pay their membership dues into installments using a credit card.

Table with 2 columns: Payment Date, Amount. Rows include: Upon receipt (\$100.00), Week of July 1 (\$200.00), Week of Sept. 1 (\$200.00), TOTAL FEES (\$500.00)

Before submitting this form, please complete the financial assistance survey at https://survey.alchemer.com/s3/6197462/2021-AAPM-R-Membership-Dues.

Are you Board certified in PM&R? Yes No

If yes: ABPMR Certificate # or AOBPMR Certificate #

What is your age? 30 and under 31-40 41-50 51-60 60 +

Are you currently in a full-time position? Yes No
If no, are you currently in a part-time position? Yes No

What is your primary practice setting? (choose one)

- System Affiliated Solo Private Practice
System Affiliated Multi-Specialty Group
Sub-Acute Care Facility
Independent Solo Private Practice
Independent Multi-Specialty Group
Outpatient Clinic
System Affiliated PM&R Group, Private Practice
Freestanding IRF
Home Health
Independent PM&R Group, Private Practice
Skilled Nursing Facility (SNF)
Non-Clinical
Long-Term Acute Care (LTACH)
VA
I'm currently Active Military
Other

How many physicians are in your practice? Just Me 2-10 11-20 21 and up

Is your application directly related to the COVID-19 crisis? Yes No

If yes, how has your practice been impacted by the pandemic?

Billing Information

VISA MasterCard AMEX Discover

Card Number: Exp. Date Security Code

Name: Member ID #:

Address:

Phone: Email:

Signature

Date