



Remit application to:

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

2024 QUARTERLY 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. Payments will be processed according to the schedule (to the right) and followed by a confirmation email after each installment.

Payment Date*	Amount
Upon receipt	\$187.50
Week of April 1	\$187.50
Week of July 1	\$187.50
Week of Sept. 1	\$187.50

**If received after April 1, both the first and second installments are due upon application.*

Applications are valid for the current membership year only.

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)

- | | | |
|---|--|--|
| <input type="checkbox"/> System Affiliated Solo Private Practice | <input type="checkbox"/> System Affiliated Multi-Specialty Group | <input type="checkbox"/> Sub-Acute Care Facility |
| <input type="checkbox"/> Independent Solo Private Practice | <input type="checkbox"/> Independent Multi-Specialty Group | <input type="checkbox"/> Outpatient Clinic |
| <input type="checkbox"/> System Affiliated PM&R Group, Private Practice | <input type="checkbox"/> Freestanding IRF | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Independent PM&R Group, Private Practice | <input type="checkbox"/> Hospital Rehab Unit or Floor | <input type="checkbox"/> Non-Clinical |
| | <input type="checkbox"/> Skilled Nursing Facility (SNF) | <input type="checkbox"/> VA |
| | <input type="checkbox"/> Long-Term Acute Care (LTACH) | <input type="checkbox"/> I'm currently Active Military |
| | | <input type="checkbox"/> Other _____ |

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

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

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

Billing Information

Please contact AAPM&R Customer Service at (847) 737-6000 Monday through Friday 8:30 am – 5 pm (CT) to make a credit card payment over the phone.