



**Remit application to:**

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

**2025 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	\$382.50
Week of April 1	\$191.25
Week of July 1	\$191.25

*\*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)**

- 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
- Hospital Rehab Unit or Floor
- Non-Clinical
- Skilled Nursing Facility (SNF)
- VA
- Long-Term Acute Care (LTACH)
- 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 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.