

Mid-Atlantic Physical Therapy Associates, LLP

Annual Membership Application

Name: _____

Clinic Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ ZipCode: _____

State: _____ ZipCode: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Work Fax: _____

Email: _____

Email 2: _____

PHYSICAL THERAPY TRAINING

UNIVERSITY/COLLEGE _____ STATE _____

YEAR GRADUATED _____ / _____

HIGHEST DEGREE: ___ Bachelor ___ Master ___ DPT ___ PhD ___ OTHER _____

MAPTA Membership Information:

- By becoming a MAPTA member you have access to discounted course tuition immediately, access to our extensive Resource Library, ability to re-take MAPTA courses at 50% of course tuition, and access to Study Group meetings.
- Membership is renewable each January 1st for \$40/year
- To learn about how to access our Resource Library visit our website, www.mapta.org.

PAYMENT METHOD (Choose One)

- ___ MAPTA Annual Membership \$40.00 per year

___ Check Made Payable to “Mid-Atlantic Physical Therapy Associates” or “MAPTA” and mail to:

- 11695 Stockbridge Lane, Reston VA 20194

Credit Card:

___ Visa ___ Mastercard Number: _____ - _____ - _____ - _____ Exp. Date ___ / ___

Name as it Appears on Card: _____ Signature: _____