

The American Physiotherapy Association

APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP DESIRED:

Date.....

MEMBERSHIP-AT-LARGE..... Provisional.....
Active.....
CHAPTER MEMBERSHIP..... Provisional.....
(Specify which Chapter) Active.....

Name..... Age..... Nationality..... Race..... Sex.....

Permanent Address..... Citizenship.....

Present Address.....

References

1. A Physician by whom you have been employed.....
Address.....
2. A member of the American Physiotherapy Association.....
Address.....

Education (See notice on back)

PREPARATORY SCHOOL

High School..... Location.....

Number of years attended..... Dates..... Graduated..... Date.....

Other Preparatory Schools..... Location.....

Number of years attended..... Dates..... Graduated..... Date.....

COLLEGE OR UNIVERSITY

Name..... Location.....

Number of years attended..... Dates..... Degree.....

PROFESSIONAL

Physical Education School.....

Location.....

Number of years attended..... Dates..... Graduated..... Date.....

Nurses' Training School.....

Location..... Where Registered.....

Number of years attended..... Dates..... Graduated..... Date.....

Physical Therapy School or Course.....

Location.....

Number of years attended..... Dates..... Graduated..... Date.....

Other Professional Training.....

Number of months attended..... Dates..... Graduated..... Date.....

PROFESSIONAL AFFILIATIONS

PHYSIOTHERAPY POSITIONS HELD

1. From..... To.....

Type of work.....

..... From..... To.....

Type of work.....

3. From..... To.....

Type of work.....