



COLORADO
PRIVATE PRACTICE
SPECIAL INTEREST GROUP

COLORADO PP/SIG
APPLICATION FOR MEMBERSHIP
(please print)

NAME: _____

CLINIC: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

WEB ADDRESS: _____

DATE: _____

Please complete all above information including fax, e-mail and web address so that we may keep our files current.

_____ Active Member \$125 _____ Associate Member \$50 _____ Student Member \$25

Check (payable to APTA/Colorado Chapter) VISA MCard Amex

Cardholder name (print) _____

Card Number _____/_____/_____/_____

Exp. Date _____

Signature _____

Membership is limited to physical therapists practicing in a private practice setting, including individual on-call and home health owners. Membership in the Colorado APTA is required to fulfill APTA guidelines. Each clinic can have only one active voting member, but multiple associate members. Attach a check payable to Colorado APTA-PP/SIG and mail to:

Michael Baum, PT
My Physical Therapist, Inc.
2152 E. 88th Avenue
Thornton, CO 80229
303-227-0400 phone ~ ~ ~ 303-227-0402 fax