



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 \$130 _____ 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:

Colorado Private Practice SIG
c/o APTA / Colorado Chapter
7400 E. Arapahoe Road #211
Centennial, CO 80112
303-694-4728 phone ~ ~ ~ 303-694-4869 fax