



COLORADO
PRIVATE PRACTICE
SPECIAL INTEREST GROUP

**2011 COLORADO PP/SIG
MEMBERSHIP DUES RENEWAL**

(please print)

NAME: _____

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ADDRESS: _____

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DATE: _____

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

_____ Active Member \$50 _____ Associate Member \$35 _____ Student Member \$25

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

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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

www.coppsig.org

303-694-4728 phone ~ ~ ~ 303-694-4869 fax