

## 2018 Half-Year PPSIG Membership Application

**Note: EACH MEMBER (Principal or Associate) MUST COMPLETE A SEPARATE FORM**

Applicant: \_\_\_\_\_ APTA No.\*: \_\_\_\_\_ Exp. date:\* \_\_\_\_\_  
\*must be completed

*Please indicate below whether you are the principal member for your practice, an associate PT member from the same practice as a principal member, or a retired member.*

*If you are paying as an "associate member" you must list the name of your principal member.*

Principal Member (\$150.00)       Retired Member (\$50.00)  
 Associate Member from same practice (\$75.00) \_\_\_\_\_  
Principal Member Name

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
\_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Comments: \_\_\_\_\_

*I hereby apply for membership, or renewal of my membership, in PPSIG, and certify that I am a member in good standing of the APTA and PTWA.*

**WEB SITE RELEASE OF INFORMATION:** I understand that unless I check an "opt out" option below my member and business information included above will be listed on the PPSIG website, and that this has potential marketing benefits to me.

- I agree to have my information included. \_\_\_\_\_ Date
- "Opt out" Option 1: I do not want any of my information above listed on the PPSIG website. \_\_\_\_\_ Date
- "Opt out" Option 2: I want the following information excluded from the PPSIG website: \_\_\_\_\_  
\_\_\_\_\_ Date

**You can either fill out this form on-line and submit it, or you can download it and mail it to:**

PPSIG  
c/o AMY SANDERSON, TREASURER  
1855 1<sup>st</sup> Street  
Cheney, WA 99004  
Fax: (509) 559-5027

Either way, our Treasurer, Amy Sanderson, will send you an invoice.