

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 (\$300.00) Retired Member (\$50.00)

Associate Member from same practice (\$150.00) _____
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 1st Street
Cheney, WA 99004
Fax: (509) 559-5027

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