



**Academy of Orthopaedic Physical Therapy  
Individual and Business Partner Program**

**Application**

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

Business Affiliation/Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Visa/MC/AmEx/Disc: \_\_\_\_\_ Exp: \_\_\_\_\_

CVV: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AOPT Partners are welcome to join any of our seven Special Interest Groups at no additional charge:

- \_\_\_\_ Occupational Health
- \_\_\_\_ Foot & Ankle
- \_\_\_\_ Pain
- \_\_\_\_ Performing Arts
- \_\_\_\_ Imaging
- \_\_\_\_ Animal PT
- \_\_\_\_ Residency/Fellowship

How did you find out about AOPT's Partner Program? \_\_\_\_\_

\_\_\_\_\_

Email form to: [tfred@orthopt.org](mailto:tfred@orthopt.org)  
If mailing check or money order:  
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La Crosse, WI 54601  
608-788-3982 x2020  
FAX: 608-788-3965