



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

**Application**

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

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

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

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

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

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

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

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

If mailing check or money order:  
Academy of Orthopaedic Physical Therapy, APTA, Inc.  
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La Crosse, WI 54601  
608-788-3982 x2020  
Questions: [tfred@orthopt.org](mailto:tfred@orthopt.org)