



**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? _____

If mailing check or money order:
Academy of Orthopaedic Physical Therapy, APTA, Inc.
2920 East Avenue South, Suite 200
La Crosse, WI 54601
608-788-3982 x2020
Questions: tfred@orthopt.org