

ISIG ONLY MEMBERSHIP APPLICATION



Dr. Ms. Mr. Mrs. Referred by _____

First Name _____ Last Name _____

Credentials _____
(Please include designations as you would like them to appear. EX: PhD, MS, OTR/L)

HOME

SPECIALIZATIONS (Check all that apply)

Address 1 _____
Address 2 _____
City _____ St/Province _____
Zip/Postal Code _____ Country _____
Tel _____ Mobile _____
Email _____

- Bioengineering
- Biostatistics | Clinical Research
- Case Manager
- Clinical Epidemiology
- Counseling, Pastoral
- Counseling, Rehabilitation
- Counseling, Vocational
- Dietetics | Nutrition
- Licensed Practical Nurse
- Neurology | Neurosurgery
- Neuropsychology
- Occupational Therapy
- Pediatrics
- Physician
- Psychology
- Physiatry
- Physical Therapy
- Psychiatry
- Recreation Therapy
- Rehabilitation Nursing
- Rehabilitation Psychology
- Social Work
- Speech | Language Pathology
- Other (Please specify): _____

WORK

Organization _____
Title _____
Department _____
Work Address 1 _____
Work Address 2 _____
City _____ St/Province _____
Zip/Postal Code _____ Country _____
Tel _____ Mobile _____
Email _____

WORK FUNCTION (Choose one)

- Administrator
- Clinician
- Consultant
- Educator
- Payer
- Program Evaluator
- Researcher
- Student
- Other _____

COMMUNICATION PREFERENCE (check one)

I prefer to receive email: AT HOME AT WORK
I prefer to receive regular mail: AT HOME AT WORK
 I wish to *not* be listed in the ACRM member directory

ISIG ONLY MEMBERSHIP APPLICATION



Nonmembers may use this application to join an ACRM ISIG on an introductory basis. This **two-year membership** allows nonmembers to participate in the ISIG of their choice, but does not provide any other ACRM member benefits. ISIG-Only Membership is nonrenewable and open only to first-time ACRM members.

INTERDISCIPLINARY SPECIAL INTEREST GROUPS (ISIG) ONLY MEMBERSHIP

- Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) **\$ 95**
- Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG) **\$ 95**
- Stroke Interdisciplinary Special Interest Group (Stroke ISIG) **\$ 95**

ISIG Only Membership Dues \$ _____
Donations (Unspecified) \$ _____
Wilkerson Fund Donation \$ _____
Total \$ _____

PAYMENT OPTIONS (Payment accepted in U.S. dollars only)

Check payable to **ACRM**
 Mail to: PO Box 759272, Baltimore, MD 21275-9272

Credit Card
 Fax to: +1.866.692.1619
 Email to: MemberServices@ACRM.org

VISA MasterCard Amex Discover

Card # _____ Exp _____

Signature _____

FULL MEMBERSHIP

ACRM members are welcome and encouraged to join any and all interdisciplinary special interest groups (ISIGs) and networking groups complimentary WITH their membership. Please consider full ACRM membership. For details, please visit www.ACRM.org/join or contact Member Services at +1.703.435.5335.

ACRM Community groups:

- Brain Injury Interdisciplinary Special Interest Group (BI-ISIG)
- Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG)
- Stroke Interdisciplinary Special Interest Group (Stroke ISIG)
- Cancer Networking Group*
- Early Career Networking Group
- Geriatric Rehabilitation Group*
- Health Policy Networking Group*
- International Networking Group
- Military / Veterans Affairs Networking Group*
- Neurodegenerative Diseases Networking Group*
- Outcomes Measurement Networking Group
- Pain Group*
- Pediatric Networking Group*

*Now forming

Improving lives