MEMBERSHIP APPLICATION & REVEWAL





First Name Last Na	me
Credentials	Title
(Please include designations as you would like them to appear. EX: PhD, MS, OT	
N. i. al. va. va. a	SPECIALIZATIONS (Check all that apply)
Nickname	O Bioengineering
	O Biostatistics Clinical Research
	O Casa Managar
HOME O Check if HOME is your primary contact	O Clinical Epidemiology
Address I	
	O Counseling, Rehabilitation
Address 2	O Counseling, Vocational
CitySt/Province	O Dietetics Nutrition
	Unicensed Fractical Nurse
Zip/Postal Code Country	O Neurology Neurosurgery
Tel Mobile	O Neuropsychology
1100110	
Email	O Pediatrics O Physician
	O Psychology
	O Physiatry
	O Physical Therapy
WORK O Check if WORK is your primary contact	O Psychiatry
Organization	
	O Rehabilitation Nursing
Department	O Rehabilitation Psychology
Work Address I	O Social Work
	5 Speed. Lan. 64485 441 10108/
Work Address 2	Other (Please specify):
CitySt/Province	
Zip/Postal Code Country	
Tel Mobile	
Email	WORK FUNCTION (Choose one)
	O Administrator
	O Clinician
COMMUNICATION PREFERENCES	O Consultant
O O O	O Educator
I prefer to receive email: (please check one) O AT HOME O AT WO	ORK O Payer O Program Evaluator
I profes to receive regular modily (places the state of AT LIONE O	
I prefer to receive regular mail: (please check one) O AT HOME O	AT WORK
	O Student

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Improving lives through interdisciplinary rehabilitation research

CATEGORIES & DOES (Choose one)			INTEREST & NETWORKING GROUPS
0	REGULAR For professionals in medical rehabilitation or related field and are actively engaged in the practice, administration, education or research of medical rehabilitation.	\$ 350 \$ 350	ACRM members are welcome and encouraged to join any and all interdisciplinary special interest groups (ISIGs) and networking groups. Please select all groups
0	REGULAR status residing outside the U.S.		O Brain Injury Interdisciplinary Special Interest Group
0	CONSUMER For people with disabilities and caregivers who use rehabilitation services and/or research.	\$ 150	O Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG)
0	EARLY CAREER For professionals during the first five years after completion of their terminal degree	\$ 150	O Stroke Interdisciplinary Special Interest Group (Stroke-ISIG)
			O Arts & Neuroscience Networking Group
		\$ 85	O Athlete Development & Sports Rehabilitation (ADSR) Networking Group
	Enrolled in an accredited school of medicine or approved graduate or undergraduate program or fellowship in a		O Cancer Rehabilitation Networking Group
	medical rehabilitation discipline. Proof required. Graduation Date (mo/year)		 Complementary, Integrative Rehabilitation Medicine Networking Group
	Personal/home email address		O Early Career Networking Group
	Training Director (name, credentials and email)		O Geriatrics Rehabilitation Networking Group
		_	O Health Services Research Networking Group
			O International Networking Group
	Membership Dues \$		O Lifestyle Medicine Networking Group
	Donations (Unspecified) \$		O Linch Partametian Rababilitation Naturally Croun
			Measurement Networking Group
	·		O Military / Veterans Affairs Networking Group
	Total \$		O Neurodegenerative Diseases Networking Group
PAYMENT OPTIONS (Payment accepted in U.S. dollars only,			O Neuroplasticity Networking Group
			O Pain Rehabilitation Networking Group
Check payable to ACRM			O Pediatric Rehabilitation Networking Group
Mail to: P.O. Box 896700, Charlotte, NC 28289-6700			O Physicians and Clinicians Networking Group
Credit Card Fax to: +1.866.692.1619 Email to: MemberServices@ACRM.org Email address TO SEND PAYMENT CONFIRMATION			O Rehabilitation Treatment Specification Networking Group
			Technology Networking Networking Group
O VISA O MasterCard O Amex O Discover			BILLING ADDRESS
Card #			Address 1
Exp			Address 2
Security Code			City
Signature			_ State / Province
Print Name			Zip / Postal Code

Country_