PLEASE COMPLETE AND RETURN A SEPARATE FORM FOR EACH MEMBER

2010 PPSIG Membership Renewal or New Application

Applicant: _____ APTA No.*: _____ Exp. date:* _____
*must be completed

Please indicate below whether you are the principal member ($300) for your practice, an associate PT member ($150) from the same practice as a principal member, or a retired member ($50).
If you are paying as an "associate member" you must list the name of your principal member.

☐ Principal Member ($300) ☐ Retired Member ($50)

☐ Associate Member from same practice ($150) _____
Principal Member Name

Clinic Name: _____

Clinic Address: _____

_____

Business phone: _____ Fax: _____

Email address: _____ Website: _____

Comments: _____

I hereby apply for membership, or for renewal of my membership in the PPSIG, being a member in good standing of the APTA and PTWA.

WEB SITE RELEASE OF INFORMATION: I understand that all member and business information included above will be listed on the PPSIG website, and that this has potential marketing benefits to me.

_____ _____
Applicant Signature Date

Optional "opt out": If you do not want any or all of your information above listed on the PPSIG website, put an X in front of the lines you want **excluded** and sign below:

_____ _____
Applicant Signature Date

TWO WAYS TO PAY:

☐ Payment by check (make your check payable to "**PPSIG**")

☐ Alternatively, you can go to our website (http://www.ppsig.org/pay-ppsig.html) and pay using the PayPal feature. (If you use PayPal you must also complete, sign and mail or fax this form as below.)

Please mail this form along with your payment or payment confirmation to: PPSIG
c/o RANDY JOHNSON, TREASURER
2904 4TH AVENUE NE
PUYALLUP, WA 98372-7053
FAX: (253) 848-8897