

PLEASE COMPLETE AND RETURN A SEPARATE FORM FOR EACH MEMBER

## 2012 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 4<sup>TH</sup> AVENUE NE  
PUYALLUP, WA 98372-7053  
FAX: (253) 848-8897

