

**Email Address**

**First Name**

**Last Name**

**Age**

**Address**

**Phone Number**

( ) -

**Are you an APTA member**

Yes

No

**Are you an AzPTA Chapter member**

Yes

No

**APTA membership number (not required)**

**I am a...**

Physical Therapist, Physical Therapist Assistant, Physical Therapy Student, Physical Therapy Assistant Student

**In regards to your experience...**

I am a student, 1-2 year post grad, 3-5 year post grad, season clinician

**If seasoned clinician enter # of yrs experience**

**District**

West Maricopa, Central Maricopa, East Maricopa, Southern Arizona, Northern Arizona, do not know my district

**My Goal is to:**

**I am interested in (check all that apply)**

- Mentoring
- Networking
- Opportunities for Continuing Education
- Targeted communications for PTA SIG
- Advocacy
- Community Service
- Scholarships for Continuing Education

**Practice Interests (check all that apply)**

- Orthopedics
- Neurological
- Women's Health/Pelvic Rehabilitation
- Wound Care
- Pediatrics
- Sports Medicine
- Cardiopulmonary
- Geriatrics
- Trauma

**Select your area of practice**

- Outpatient Clinic
- Hospital
- Inpatient Rehabilitation
- Home Health
- School
- Skilled Nursing Facility
- LTACH
- Education
- Research
- Private Practice