



AMERICAN
**POLARITY
 THERAPY**
 ASSOCIATION

Understanding *ENERGY* in the Healing Arts

American Polarity Therapy Association™ P.O. Box 10942
 Parkville, MD 21234
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Student Membership

Name _____

Street _____

City: _____ State: _____ Zip: _____

Country if outside USA: _____ County if in USA: _____

Preferred Telephone _____

Email: _____ Website: _____

To obtain a student membership, you must be currently enrolled in an APTA approved training program. Signature of ATM verifying enrollment in training program required:

Signature of ATM _____ Name Printed _____ Date _____

Fees: Make checks or money orders for Membership Dues payable to APTA in US Dollars.

Student Membership Dues: \$25.00

Membership in APTA is on a “Rolling Admissions” basis meaning, a member who joins September 1, 2016 is paid through September 1, 2017. Membership in APTA is open to all wishing to join. One can establish membership in APTA by paying the required membership dues

CHECK NUMBER: _____

CREDIT CARD PAYMENT (VISA/MC ONLY)

Card No: _____ Security Code: _____ Expiration: _____

Amt of Charge: \$ _____ Signature Authorizing Charge: _____

I pledge to uphold the APTA Code of Professional Ethics:
Signature: _____

Date: _____