



— AMERICAN —
**POLARITY
THERAPY**
— ASSOCIATION —

Understanding *ENERGY* in the Healing Arts

American Polarity Therapy Association™ P.O. Box 10942
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Tel: 336-574-1121
Fax: 336-574-1151

APTAoffices@polaritytherapy.org
www.polaritytherapy.org

APPLICATION FOR STUDENT MEMBERSHIP

NAME:

First Name	Middle Initial	Last Name
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Street:

City:	State:	Zip:
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Country if outside USA:	County if in USA:
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Preferred Telephone:

Email:	Website:
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To obtain a student membership and annually renew as a student, 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
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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:
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Amt of Charge: \$	Signature Authorizing Charge:
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I pledge to uphold the APTA Code of Professional Ethics:
Signature:

Date: