



AMERICAN POLARITY THERAPY ASSOCIATION

P.O. Box 10942 Parkville, MD 21234

 (336) 574-1121  aptaoffices@polaritytherapy.org

APPLICATION FOR MEMBERSHIP

FRIENDS OF APTA MEMBERSHIP

The Friends of APTA Membership is designed for anyone interested in the Field of Polarity Therapy.

Establishing APTA Membership

Membership in APTA is on a “Rolling Admissions” basis, for example, a member who joins September 1, 2018 will have membership through September 1, 2019. Membership in APTA is open to all wishing to join.

The Application Process

Eligibility for Application

Applicants for Friends of APTA membership must meet the following criteria:

-Be 18 years of age by the date of application.

Application Procedures:

Please submit the following with your application:

Proof of meeting the eligibility criteria as defined above including:

-A copy of a document showing proof of age such as a driver’s license

APTA may request additional information to complete the application process.

After materials are received at the APTA office, applications may take up to 30 days to complete the registration process. Upon approval, you will receive a welcome packet and your registration will be entered into the APTA database.

MAINTAINING STATUS

Friends of APTA membership are valid for one year at which time you will receive a renewal notification by email.

We suggest you make a copy of this entire application and keep it for your records. Application materials will not be returned.



APPLICATION

Send this completed form and all required documentation to the APTA address shown above or email to aptaoffices@polaritytherapy.org

1. Basic Information – Please print

Name:

Also known as:

Preferred address:

City, State, and Zip:

Preferred Telephone:

Email address:

Date of Birth:

2. List current licenses and/or certifications you hold:

3. Professional Memberships:

4. Have you ever had a certificate, license or professional credential revoked?

Yes _____ No _____

If YES, provide an explanation on a separate page.

6. APTA Opportunities

Membership in APTA offers you an opportunity to volunteer your services to your association. Membership means accepting and owning community and industry responsibility. The Board of Directors invites you to indicate one or more committees in which you will serve.

Committees: Awards Finance
 Legislative Education
 Conference Research
 Communications and Marketing

Thanks for your participation. A committee chairperson will contact you shortly. In case you do not hear from the committee chair please feel free to be proactive and contact the APTA office.

7. Applicant Statement and Signature

I, the undersigned, hereby make voluntary Application to the American Polarity Therapy Association for a student membership. I certify that the information given in this Application is true. I agree to conduct my professional behavior consistent with the standards of professional conduct established in the APTA Code of Professional Ethics. I recognize that failure to do so may result in suspension or revocation of my registration. I understand that any registration granted by APTA does not imply or grant license to practice in any state or jurisdiction.

Furthermore, I understand and agree that APTA and its affiliates assume no responsibility for my actions or activities. I practice at my own risk and hereby release APTA from any and all liability for my actions in the practice of Polarity Therapy.

Name (printed)

Signature

Date

Send all these materials together to:

APTA

P.O. Box 10942 Parkville, MD 21234

(336) 574-1121 Fax (336) 574-1151

Please call 336-574-1121 or email aptaoffices@polaritytherapy.org if you have any questions.