MEMBERSHIP APPLICATION & REVEWAL

ACRM 95+ YEARS SINCE 1923

ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

Improving lives through interdisciplinary rehabilitation research

❍ Dr. ❍ Ms. ❍ Mr. ❍ Mrs. Referred by _____

First Name _____ Last Name _____

Credentials _____ Title _____

(Please include designations as you would like them to appear. EX: PhD, MS, OTR/L)

Nickname _____

HOME

❍ *Check if HOME is your primary contact*

Address 1 _____

Address 2 _____

City _____ St/Province _____

Zip/Postal Code _____ Country _____

Tel _____ Mobile _____

Email _____

WORK

❍ *Check if WORK is your primary contact*

Organization _____

Department _____

Work Address 1 _____

Work Address 2 _____

City _____ St/Province _____

Zip/Postal Code _____ Country _____

Tel _____ Mobile _____

Email _____

COMMUNICATION PREFERENCES

I prefer to receive email: *(please check one)* ❍ AT HOME ❍ AT WORK

I prefer to receive regular mail: *(please check one)* ❍ AT HOME ❍ AT WORK

❍ I wish to *not* be listed in the ACRM member directory

SPECIALIZATIONS *(Check all that apply)*

❍ Bioengineering
❍ Biostatistics | Clinical Research
❍ Case Manager
❍ Clinical Epidemiology
❍ Counseling, Pastoral
❍ Counseling, Rehabilitation
❍ Counseling, Vocational
❍ Dietetics | Nutrition
❍ Licensed Practical Nurse
❍ Neurology | Neurosurgery
❍ Neuropsychology
❍ Occupational Therapy
❍ Pediatrics
❍ Physician
❍ Psychology
❍ Physiatry
❍ Physical Therapy
❍ Psychiatry
❍ Recreation Therapy
❍ Rehabilitation Nursing
❍ Rehabilitation Psychology
❍ Social Work
❍ Speech | Language Pathology
❍ Other *(Please specify):* _____

WORK FUNCTION *(Choose one)*

❍ Administrator
❍ Clinician
❍ Consultant
❍ Educator
❍ Payer
❍ Program Evaluator
❍ Researcher
❍ Student
❍ Other _____

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CATEGORIES & DUES *(Choose one)*

❍ **REGULAR** **$ 350**
For professionals in medical rehabilitation or related field and are actively engaged in the practice, administration, education or research of medical rehabilitation.

❍ **INTERNATIONAL** **$ 350**
REGULAR status residing outside the U.S.

❍ **CONSUMER** **$ 150**
For people with disabilities and caregivers who use rehabilitation services and/or research.

❍ **EARLY CAREER** **$ 150**
For professionals during the first five years after completion of their terminal degree.
Completion Date (mo/yr) _____

❍ **STUDENT, RESIDENT OR FELLOW** **$ 85**
Enrolled in an accredited school of medicine or approved graduate or undergraduate program or fellowship in a medical rehabilitation discipline. Proof required.
Graduation Date (mo/year) _____
Personal/home email address _____
Training Director (name, credentials and email)
_____
_____

Membership Dues $_____
Donations *(Unspecified)* $_____
Wilkerson Fund Donation $_____
Total $_____

Promo Code _____

PAYMENT OPTIONS *(Payment accepted in U.S. dollars only)*

Check payable to **ACRM**
Mail to: P.O. Box 896700, Charlotte, NC 28289-6700

Credit Card Fax to: +1.866.692.1619
Email to: MemberServices@ACRM.org
Email address _____
TO SEND PAYMENT CONFIRMATION

❍ VISA ❍ MasterCard ❍ Amex ❍ Discover
Card # _____
Exp _____
Security Code _____
Signature _____
Print Name _____

INTERDISCIPLINARY SPECIAL INTEREST & NETWORKING GROUPS

ACRM members are welcome and encouraged to join any and all interdisciplinary special interest groups (ISIGs) and networking groups. Please select all groups in which you wish to participate:

❍ Brain Injury Interdisciplinary Special Interest Group (BI-ISIG)
❍ Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG)
❍ Stroke Interdisciplinary Special Interest Group (Stroke-ISIG)
❍ Arts & Neuroscience Networking Group
❍ Athlete Development & Sports Rehabilitation (ADSR) Networking Group
❍ Cancer Rehabilitation Networking Group
❍ Complementary, Integrative Rehabilitation Medicine Networking Group
❍ Early Career Networking Group
❍ Geriatrics Rehabilitation Networking Group
❍ Health Services Research Networking Group
❍ International Networking Group
❍ Lifestyle Medicine Networking Group
❍ Limb Restoration Rehabilitation Networking Group
❍ Measurement Networking Group
❍ Military / Veterans Affairs Networking Group
❍ Neurodegenerative Diseases Networking Group
❍ Neuroplasticity Networking Group
❍ Pain Rehabilitation Networking Group
❍ Pediatric Rehabilitation Networking Group
❍ Physicians and Clinicians Networking Group
❍ Rehabilitation Treatment Specification Networking Group
❍ Technology Networking Networking Group

BILLING ADDRESS

☐ Check if same as mailing address on pg 1

Address 1 _____
Address 2 _____
City _____
State / Province _____
Zip / Postal Code _____
Country _____