



American Congress of Rehabilitation Medicine

6801 Lake Plaza Dr., Suite B-205, Indianapolis, IN 46220

Phone: (317) 915-2250 Fax: (317) 915-2245 www.acrm.org acrm@acrm.org

2009-2010 MEMBERSHIP APPLICATION

Referred by: _____

GENERAL INFORMATION (print or type)

Dr. Mr. Mrs. Ms. Name _____ Degree _____

Title _____ Department _____

Facility _____

Employer Address _____

City _____ Province/State _____ Postal Code _____ Country _____

Business Phone (_____) _____ Ext _____ E-mail _____

Fax (_____) _____ Mobile (_____) _____ Beeper (_____) _____

Home Address _____

City _____ Province/State _____ Postal Code _____ Country _____

Home Phone (_____) _____ Home E-mail _____

Preferred mailing address: Home Office

Preferred E-mail address: Home Office

MEMBERSHIP CATEGORIES (please check only one)

Member \$ 275.00

Granted to any individual who has achieved at least the academic level of a baccalaureate degree in a medical rehabilitation discipline or a related field; and is actively engaged in the practice, administration, education or research of medical rehabilitation.

International \$ 245.00

Granted to any individual residing in a country outside the United States who otherwise qualifies for Member or Student Membership.

Consumer \$ 245.00

Granted to any individual with a disability or caregiver of a person with a disability who are users of rehabilitation services and/or rehabilitation research.

Early Career Transition \$ 140.00

Granted to any Resident/Student/Fellow for the first two years after successful completion a course of study from an accredited school of medicine or an accredited or approved graduate or undergraduate program in a medical rehabilitation discipline.

Resident/Student/Fellow \$ 85.00

Any individual enrolled in an accredited school of medicine or an accredited or approved graduate or undergraduate program in a medical rehabilitation discipline. Those individuals enrolled in a Fellowship program also qualify for the Student membership status.

Brain Injury Interdisciplinary Special Interest Group.. \$ 30.00

Dedicated to enhancing professional development, advocating the standards of practice and defining a forum for interdisciplinary exchange in the field of brain injury rehabilitation.

Spinal Cord Injury Networking Group

Designed to foster networking and provide opportunities for face-to-face and electronic interaction among members with similar interests.

PROFESSIONAL INFORMATION

Specializations (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bioengineering | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Clinical Epidemiology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Dietetics/Nutrition | <input type="checkbox"/> Recreation Therapy |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Rehabilitation Counseling |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Rehabilitation Nursing |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech/Language Pathology |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Vocational Counseling |
| <input type="checkbox"/> Pastoral Counseling | <input type="checkbox"/> Other Physician _____ |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physical Medicine and Rehabilitation | |

Work Function (check one only)

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Clinician |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Payer | <input type="checkbox"/> Program Evaluator |
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other _____ | |

TOTAL ENCLOSED

Dues _____
 BI-ISIG _____
 Donation _____
 Wilkerson Fund _____
Total _____

PAYMENT INFORMATION

Please make checks payable to ACRM. Credit card payments may also be made online at www.acrm.org.

PAYMENT (in U.S. funds only)

Check VISA MasterCard AmEx Discover
 Charge Card # _____
 Expiration Date _____
 Signature _____