

Please fill in this form.  
Send along with a copy of your State License to:  
122 West St. Charles Road Ste. 1A  
Villa Park, IL 60181  
Tel: (847) 521-2276 Fax: (630) 833-4004

First Name

Last Name

Birth Date

Institution

Phone

Address

City

State

Email

Zip or Country

Organization,  
Practice Name,  
Company

Degree

Graduate  
School,  
College,  
University

Degree

Allied Health  
Training

Degree

Other Licenses  
1

State

Other Licenses  
2

State

Other Licenses  
3

State

Interested in  
joining a  
committee?  
 Yes  No

Area of Interest  Medical Practice  Allied Health Care  Research  Education  Writing

Other

Membership  
Type  
 Professional  
 Associate  
 Student  
 Corporate  
 Professional - Retired

Primary  
Practice  
Circle One  
 Acupuncture  
 Athletic training  
 Chiropractic Medicine  
 Dietetic and Nutrition  
 Massage Therapy  
 Naprapathic Medicine  
 Occupational Therapy  
 Occupational Therapy Assistants  
 Personal Training  
 Physical Therapy  
 Physical Therapy Assistants  
 Podiatric Medicine  
 Professional Counseling  
 Social Work

Secondary Practices  
Circle all that apply  
 Acupuncture  
 Athletic training  
 Chiropractic Medicine  
 Dietetic and Nutrition  
 Massage Therapy  
 Naprapathic Medicine  
 Occupational Therapy  
 Occupational Therapy Assistants  
 Personal Training  
 Physical Therapy  
 Physical Therapy Assistants  
 Podiatric Medicine  
 Professional Counseling  
 Social Work

Other Practice