



# Montana Chapter

of the American Physical Therapy Association

P.O. Box 217 • Helena, MT 59624 • (406) 442-4141 • www.MAPTA.com

## New Member Survey

Please check here if you would like to be listed in the next Montana Chapter Physical Therapy Directory and complete the information below.

Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

Preferred City, state, Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ FAX \_\_\_\_\_

e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Education: \_\_\_\_\_

Clinical Expertise: \_\_\_\_\_

Specialty Certification(s): \_\_\_\_\_

**E-mail Network** - check here if you would like to receive occasional e-mail announcements and/or legislative and regulatory alerts.

Have you before, or do you currently, serve as an officer or committee member for another APTA Section or Chapter?

Yes

No

*If yes, in what capacity and for which component(s)?* \_\_\_\_\_

Are you interested in volunteering to assist with any of the Montana Chapter's committees?

Yes

No

*If yes, please check all of those areas that interest you (you'll find descriptions on the back of this page):*

Education/Research

Membership

Practice

Finances

Newsletter

Programs

Legislation

Nominations/Elections

Public Relations

Beyond the areas above, do you have any special skills or interest that you would like to pursue as a Montana Chapter member? (please describe) \_\_\_\_\_

Do you have expertise in a particular area of physical therapy that you would be willing to share with other members (such as reimbursement, Medicare, private practice, administration/management, etc.)?

Yes

No

Based on your experiences in the physical therapy profession to date, are there any particular professional issues you feel the Montana Chapter should make a priority? \_\_\_\_\_

*Thanks for your assistance!*