

MEDICAL FITNESS ASSOCIATION MEMBERSHIP APPLICATION

- Professional Individual Member:** Refers to individuals (PT, OT, RN, RD and other exercise and health professionals) associated with a health care institution or medical fitness center (\$225)
- Facility Member:** ONE location/site may list unlimited individuals to receive all benefits of a Professional Membership.
New Facility \$1200 Additional Facility \$750 for the first year
Renewing Facility \$750 Additional Facility \$450 Year two and beyond
- Student Member:** open to currently enrolled full-time students (12 hours) at accredited academic institutions in a health or sports related field of study. Proof of student status and current enrollment required. (\$25)
- AKTA Dual Member:** Refers to Individuals who also hold a membership with the American Kinesiotherapy Association. Membership at this level will be verified with AKTA. (\$55)

Facility Size (sq.ft.) _____ PAYMENT ENCLOSED \$ _____ Purchase Orders Not Accepted

Total # of Members _____ Average Age _____.

Name: _____ Title: _____

Facility/Company: _____ Email Address: _____

Address: _____

City/State/Zip: _____ Phone: _____ Fax: _____

All Major Credit Cards Accepted MasterCard Visa American Express Discover Other _____
_____ Card Number _____ CVV Code _____

_____ Expiration Date _____ Signature _____

If you selected a Facility Membership you will be contacted by a Medical Fitness Association staff member for employee information.

For questions please contact Jason Aslanian, Membership Experience Director at Jason.Aslanian@medicalfitness.org
Medical Fitness Association Tax ID # 36-4259889

****Membership dues are non-refundable****



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The Time For a New Normal is Now!