

Physical  
Therapy

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Legislative  
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Network

2014

Giving the physical  
therapy profession a  
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over 10 years!



American Physical  
Therapy Association  
Of New Jersey

Name\* \_\_\_\_\_ Occupation:  PT  PTA  Other: \_\_\_\_\_

Address\* \_\_\_\_\_

City\*/State\*/ ZIP\* \_\_\_\_\_

Employer \_\_\_\_\_

\*Required by state law. If self-employed, please write "Self"

Amount:  \$25  \$50  \$75  \$100  \$500  Other: \$ \_\_\_\_\_

### Method of Payment

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