

Please fill out your contact information, including your preferred method of contact, and check all of the boxes that apply to you. We will send you information on a committee best suited to your interests or have the Committee Chair contact you directly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

I prefer to be contacted by: Mail Home Phone Work Phone Fax Email
(Please circle one)

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- Have you ever been published in any type of publication?
 - Have you ever worked in any capacity on any type of publication?
 - Do you consider yourself to be computer-literate?

 - Do you enjoy networking?
 - Does the phrase "grass-roots movement" get you excited?
 - Do you spend more than 10 hours per week on the phone?

 - Are aquatic therapy practice issues on your top ten concerns list?
 - Are you responsible for the administration of your aquatic program?
 - Are you affected by administrative decisions in your aquatic program?

 - Have you ever been published in a peer-reviewed journal?
 - Are you interested in the research-based practice of aquatic physical therapy?
 - Did you enjoy the research component of your education program?

 - Have you been told you have good "interpersonal skills"?
 - Do you consider yourself to be well connected in the aquatics community?
 - Do you like developing ideas or working in program development?

Comments: _____

Please return form to: Aquatic Physical Therapy Section
1111 N. Fairfax Street, Alexandria, VA 22314
800/999-2782 ext. 8506 • Fax: 703/706-8575
aquaticsp@apta.org • www.aquaticpt.org