

Please return form with receipt to:

PTSA

Attn: Roy Aldridge

P.O. Box 910

State University, AR 72467

Phone: 870-972-3591 Fax: 870-972-3652

raldrige@astate.edu

OR Hand deliver to Dept. of Physical Therapy



**ARKANSAS STATE
UNIVERSITY**

**Department of Physical Therapy
Physical Therapy Student Association
Membership Application**

Name: _____

Address: _____

Major: _____

Phone: _____

Email: (A-State) _____ (Personal) _____

Please Check One (or more if applicable):

Freshman Sophomore Junior Senior Post-Baccalaureate

Current DPT student Current PTA student DPT Early Commit

* Annual Membership Fee is \$20.00 due each Fall semester. Payment must be made at the A-State Cashier's Window to Account #: **910052 390000 711703 5000**. After payment is made, please return this form with receipt attached to Dr. Aldridge in the Department of Physical Therapy or mail to address listed above.

Signature: _____ Date: _____

*For PTSA use only (Please do not write in this area)

DATE	AMOUNT PAID	RECORDED BY