



Christian Physical Therapists International, Inc.
 PO Box 247 •Maple Shade, NJ •08052
 800-248-2784 •Email: cpti@cpti.org •www.cpti.org

MEMBERSHIP APPLICATION / RENEWAL

Member Information

Name and professional designation:		
Mailing Address:	City, State:	Zip Code:
Phone Number:	Email Address:	Preferred Mode of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email

Dues Information

Annual Regular Dues:	\$36.00
Annual Student Dues:	\$18.00
Campus Student Dues: (10 students)	\$150.00
Corporate Memberships: (10 annual memberships)	\$250.00

Please mark your preferences as noted:

1) I prefer to receive the newsletter via	<input type="checkbox"/> postal	<input type="checkbox"/> email
2) I would like to pay dues via	<input type="checkbox"/> check*	<input type="checkbox"/> Paypal
3) I would like a prayer partner of similar gender, contacting them via	<input type="checkbox"/> email	<input type="checkbox"/> phone
4) I would like to be an ARMLIFTER and commit to pray regularly for CPTI.	<input type="checkbox"/> yes	<input type="checkbox"/> no
4a) I will also contribute an additional \$10 monthly.	<input type="checkbox"/> yes	<input type="checkbox"/> no
5) I am including an extra donation to help sponsor additional memberships: \$18 for students, OR \$36 for regular membership, OR \$ _____ amount.	<input type="checkbox"/> yes	<input type="checkbox"/> no
6) I am requesting financial assistance with membership.	<input type="checkbox"/> yes	<input type="checkbox"/> no
7) I want to cancel my membership.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Total Amount Enclosed:	\$ _____	

* Please go to www.cpti.org to pay via Paypal. If your computer is not compatible with Paypal, then you may send a check for your dues. Please make checks payable to CPTI.