



**MEDICAL FITNESS ASSOCIATION  
MEMBERSHIP APPLICATION**

- Professional Individual Member:** Refers to individuals (PT, OT, RN, RD and other exercise and health professionals) associated with a healthcare institution or medical fitness center (\$255)
  
- Facility Member:** ONE location/site may list unlimited individuals to receive all benefits of a Professional Membership  
New Facility: \$850                      Additional Facility: \$600 For the First Year  
Renewing Facility: \$850              Additional Facility: \$600 Year Two and Beyond
  
- Student Member:** Open to currently enrolled full-time students (12 hours or more) at an accredited academic institution 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. (Contact the AKTA)

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Facility Size (sq.ft.) \_\_\_\_\_ Payment Enclosed \$ \_\_\_\_\_ (Note: 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 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](mailto:jason.aslanian@medicalfitness.org).  
Medical Fitness Association Tax ID # 36-4259889

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

Medical Fitness Association  
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*Elevating the Medical Fitness Industry*