



## 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 fitness center (\$255)

**Facility Member:** ONE location/site may list unlimited individuals to receive all benefits of a Professional Individual Membership      Facility: \$850      Additional Facility: \$600

**Patron Member:** For organizations owning multiple facilities, the Patron Membership includes up to 10 facilities to become members of the Association for one fixed price of \$3,500. Each additional facility above 10 is \$350 each. Each facility may list unlimited individuals to receive all benefits of a Professional Individual Membership.

**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. (Please contact AKTA for dual membership.)

-----  
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    AmEx    Discover    Other \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If you selected Facility or Patron Membership, you will be contacted by a Medical Fitness Association staff member for employee information.

All MFA Memberships are for one year. To pay via credit card by phone, please call our office at the number below.

For questions, please contact Mariann Murphy at [mariann.murphy@medicalfitness.org](mailto:mariann.murphy@medicalfitness.org). Medical Fitness Association

Tax ID # 36-4259889

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

Medical Fitness Association  
PO Box 3602 • Pinehurst, NC 28374  
(910) 420-8610 • [www.medicalfitness.org](http://www.medicalfitness.org)

*Elevating the Medical Fitness Industry*