

REQUEST FOR UN-MOUNTED CERTIFICATE

*Membership to the Sports Physical Therapy Section includes a certificate at no charge**

Please print clearly or type!

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Your name will appear on the certificate exactly as listed above. Remember to include any titles you wish to appear.

**Certificate can be mounted to a walnut plaque with Plexiglas overlay for a charge of \$45.00.*

To receive a membership certificate, please complete the above information and return to:

Sports Physical Therapy Section
9002 N Meridian
Suite 112A
Indianapolis, IN 46260
Phone: 877-732-5009
Fax: 317-846-5775
E-mail: tjackson@spts.org