

# 2012 MEMBERSHIP APPLICATION

Texas Chapter of the American Academy of Orthotists and Prosthetists

**MUST BE A MEMBER IN GOOD STANDING WITH THE AMERICAN ACADEMY OF ORTHOTISTS AND PROSTHETISTS (AAOP)\***

**ANNUAL DUES: \$50.00**

**Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

Please include your email address for communication purposes

**Active Membership:**

*ABC certified practitioners or Licensed practitioners who qualify for active membership with AAOP*

**Affiliate Membership:**

*ABC CPeds, fitters, assistants, licensed practitioners who do not meet active membership requirements AAOP, related medical professionals.*

**Associate Membership:**

*ABC Technicians*

**ABC Certification or Registration &/or Licensure #:** \_\_\_\_\_

*Important Reminder*

**Application for membership must be received prior to the next annual meeting of the Texas Chapter to take advantage of the membership rates and have voting privileges at the annual Business Meeting. Voting privileges do not extend to affiliate and associate members.**

**Make checks payable to TCAAOP**

**Please mail form and dues to:**

West Texas Rehabilitation Center - Orthotics & Prosthetics  
ATTN: Robb Walker, CPO, LPO - Secretary/Treasurer  
PO Box 4033  
Abilene, TX 79608