

2010 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:

Jonathan Cassens CPO/LPO

PO Box 6284

Bryan, TX 77805-6284