



The American Academy of Orthotists & Prosthetists

SCIENTIFIC SOCIETY APPLICATION

For Current Academy Members Only

\$25 each

PERSONAL INFORMATION

NAME CERT. NO.

HOME ADDRESS

CITY ST Zip

PHONE EMAIL

SIGN ME UP FOR...

- | | |
|---|---|
| <input type="checkbox"/> CAD/CAM | <input type="checkbox"/> LOWER LIMB ORTHOTICS |
| <input type="checkbox"/> CRANIOFACIAL | <input type="checkbox"/> LOWER LIMB PROSTHETICS |
| <input type="checkbox"/> FABRICATION SCIENCES | <input type="checkbox"/> SPINAL ORTHOTICS |
| <input type="checkbox"/> GAIT | <input type="checkbox"/> UPPER LIMB PROSTHETICS |

PAYMENT INFORMATION

CHECK FOR \$ _____ (*\$25 per society*)

VISA MASTERCARD

CARD # EXP. DATE

CARDHOLDER ADDRESS

NAME ON CARD SIGNATURE

PLEASE PRINT THIS FORM AND:

MAIL WITH PAYMENT TO:
AMERICAN ACADEMY OF ORTHOTISTS & PROSTHETISTS
Dept. 3085
Washington, DC 20042-3085

FAX TO:
202-380-3447

OR EMAIL TO: mstanwood@oandp.org

www.oandp.org/membership/societies