



ACADEMY SOCIETY APPLICATION

For Academy Members Only

\$25 each

PERSONAL INFORMATION

NAME CERT. NO.

HOME ADDRESS

CITY ST Zip

PHONE EMAIL

SOCIETY INFORMATION

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

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) 380-3663

OR SCAN & EMAIL TO jelliker@oandp.org

www.oandp.org/membership/societies