

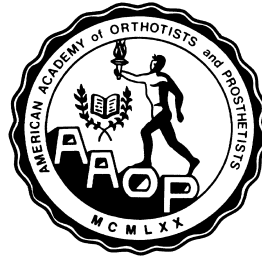
# New York Chapter

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## American Academy of Orthotists and Prosthetists 2010 MEMBERSHIP APPLICATION

Please print clearly the information listed below:

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Contact me at: Please Check choices: (\*Necessary)

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**Sign Below** to allow  
NYSAAOP to fax you  
FAX Number choice:  
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| <ul style="list-style-type: none"> <li>• Active AAOP Members (Voting)<br/>\$75.00 (CO, CP, CPO)</li> <li>• Associate AAOP (Non-voting)<br/>\$75.00 (Initial ABC cert. after 3/1/04)</li> <li>• Affiliate AAOP:<br/>\$50.00 (Tech., O &amp; PM Fitters, RA)</li> </ul> | <ul style="list-style-type: none"> <li>• Professional AAOP Member (PT, OT, DR, C. Ped.)<br/>\$25.00</li> <li>• Board Eligible ABC Candidate (Proof required)<br/>\$25.00</li> <li>• Emeritus, Honorary, Residents, Students: <b>FREE</b></li> </ul> |
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Dues: \$ \_\_\_\_\_  
Pay by February 28, 2010

Total \$ \_\_\_\_\_

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