

Pennsylvania, Maryland, Virginia & DC Chapter

American Academy of Orthotists & Prosthetists

Annual Renewal-Membership Application

Please print all information clearly

Name (please print): _____

Certification Types & Numbers: _____

Signature (please sign): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

E-Mail (Please print clearly): _____

Instructions

Amount Due: \$50.00

Due Date:

Make Checks Payable To: PA AAOP

Mail Payments To: Pennsylvania Chapter
American Academy of Orthotists & Prosthetists
C/O Union O & P Co.

By being a member you will receive a discount on the meeting registration and information for the next PA Chapter meeting to be held at the *Landing Hotel – Rivers Casino Conference Center, 777 Casino Drive, Pittsburgh, PA on May 22-23 2024*

Register Online through the Chapter Website at:

www.paaaop.org