

Pennsylvania, Maryland, Virginia & Delaware Chapter

American Academy of Orthotics & Prosthetics

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: March 17, 2017

Make Checks Payable To: PA AAOP

**Mail Payments To: Pennsylvania Chapter
American Academy of Orthotics & Prosthetics
C/O Carter Orthopedics, Ltd.
1910 West 26th Street
Erie, PA 16508**

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 Double Tree by Hilton Hotel Pittsburgh-Meadow Lands,