

**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:**

**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.**