

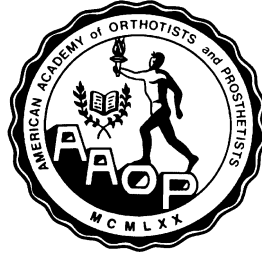
New York Chapter

WWW.NYSAAOP.ORG

Richard Catipovic, BS, C.P., FAAOP
President

Vacant
President Elect

Herbert N. Shalant C.P.O.
Vice President



Martin H. Mandelbaum, C. P. O.
Treasurer

Joann Marx, C.P.O., FAAOP
Secretary

Garrett Pascavage, C.P.O.
Past President

American Academy of Orthotists and Prosthetists

2012 MEMBERSHIP APPLICATION

Please print clearly the information listed below:

Year Certified/Registered: _____
 ABC Certification #: _____ Title: _____
 BOC Certification #: _____ Title: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Voice: _____ FAX: _____ (A)

E-Mail: _____

Licensure

 Yes, I want to volunteer.

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

*Phone: Home Office

*Email: Home Office

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Voice: _____ FAX: _____ (B)

E-Mail: _____

Sign Below to allow
NYSAAOP to fax you
FAX Number choice:
A or B or Both

X _____

Send Correspondence to: (Circle One) Home Office Do not fax me _____

- Active NYSAAOP Mem. must be Active AAOP Mem.: (CO, CP, CPO) (Voting) \$75.00
- Associate NYSAAOP Mem. must be Associate AAOP Mem.: (CO, CP, CPO) (Non-voting) \$75.00
- Affiliate NYSAAOP Mem. must be Affiliated AAOP Mem: (C.Ped., Fitter, RA, Technician) \$50.00
- Professional/International NYSAAOP Mem. must be P/I AAOP Mem. (DR, OT, PT) \$25.00
- **Board Eligible ABC Candidate (Proof required) **AAOP Membership Classification Followed \$25.00
- **Emeritus, Honorary, Residents, Students: **AAOP Membership Classification Followed **FREE**

Make Checks payable to and mail:

NYSAAOP
c/o Marx
 1659 Lincoln Avenue
 Bohemia, NY 11716-1415

Dues: \$ _____
Pay by February 29, 2012

Total \$ _____

Your Name will appear on Chapter's Website
WWW.NYSAAOP.ORG