



President: Eugenio Silva, LPO,CPO  
President-elect: Orieliz Gonzalez, LO,CO,PROR  
Immediate-Past President: Michael Wright, LPO,CPO  
Treasurer: Valarie O'Brien, LPO,CPO  
Secretary: Tara Reynolds, LPO,CPO

## TIME TO JOIN FAOP FOR THE 2018 YEAR!

A new membership year begins on January 1, 2018. Membership is based on a calendar year; ALL Memberships expire on December 31. If you are a current member, please submit your information and payment now to continue to enjoy the benefits of an FAOP member. If you are not a member, we urge you to become one. The mission of the Florida Association of Orthotists and Prosthetists (FAOP) is to ensure the highest standard of orthotic and prosthetic care for persons with disabilities. This is accomplished by actively promoting the professional development of FAOP members and supporting excellence in business practices. Through the development of collaborative relationships with local, state and national groups, the FAOP seeks to raise awareness and increase public support for professional standards and accountability regarding provision of comprehensive orthotic and prosthetic care.

### **Active Member Fees - \$185.00**

Any person licensed by the State of Florida as an Orthotist, Prosthetist, or Prosthetist-Orthotist, whose license is current and in good standing with the DOH, is eligible to become an Active Member. An Active Member has full voting privileges and may serve on the Board of Directors. *(NOTE: IF YOU DO NOT MEET THIS CRITERIA YOU ARE NOT ELIGIBLE FOR ACTIVE MEMBER STATUS, PLEASE CHECK THE OTHER LEVELS)*

### **Affiliate Member Fees - \$135.00**

Any person licensed by the State of Florida as an Orthotic Fitter, Orthotic Fitter Assistant, or Pedorthist, whose license is current and in good standing with the DOH, is eligible to become an Affiliate Member. An Affiliate Member has voting privileges on all matters except amendments to the Articles of Incorporation ("Articles") or Bylaws. An Affiliate Member may not serve on the Board of Directors or submit a motion for consideration or a vote by the membership. *(NOTE: IF YOU DO NOT MEET THIS CRITERIA YOU ARE NOT ELIGIBLE FOR AFFILIATE MEMBER STATUS, PLEASE CHECK THE OTHER LEVELS)*

### **Associate Member Fees - \$85.00**

Any person Registered by the State of Florida as a Orthotic or Prosthetic Resident, and certified by, and in good standing with, a national orthotist/prosthetist credentialing body, whose educational and training standards are based on Commission on Accreditation of Allied Health Education Programs (CAAHEP) and/or the National Commission on Orthotic and Prosthetic Education (NCOPE) guidelines; and American Board for Certification in Orthotics and Prosthetics (ABC) Certified Fitter-Mastectomy individual(s) are eligible to become an Associate Member. Associate Members may not submit motions for vote, do not have voting privileges, and may not serve on the Board of Directors. *-(NOTE: IF YOU DO NOT MEET THIS CRITERIA YOU ARE NOT ELIGIBLE FOR ASSOCIATE MEMBER STATUS, PLEASE CHECK THE OTHER LEVELS)*

**Memberships will NOT BE ACCEPTED after June 30, 2018.  
There will be NO EXCEPTIONS.**



# 2018 FAOP Membership Form

- ACTIVE MEMBER \$185.00** (Any person licensed by the State of Florida as an Orthotist, Prosthetist, or Prosthetist-Orthotist, whose license is current and in good standing with the DOH)
- AFFILIATE MEMBER \$135.00** (Any person licensed by the State of Florida as an Orthotic Fitter, Orthotic Fitter Assistant, or Pedorthist, whose license is current and in good standing with the DOH)
- ASSOCIATE MEMBER \$85.00** (Any person Registered by the State of Florida as a Orthotic or Prosthetic Resident, and certified by, and in good standing with, a national Orthotist / Prosthetist credentialing body, whose educational and training standards are based on Commission on Accreditation of Allied Health Education Programs (CAAHEP) and/or the National Commission on Orthotic and Prosthetic Education (NCOPE) guidelines; and American Board for Certification in Orthotics and Prosthetics (ABC) Certified Fitter-Mastectomy)

Name _____	
Address _____	
City _____	State _____ Zip _____
ABC Certification # _____	FL License # _____
E-Mail _____	Telephone # _____
Company _____	Fax # _____
Company Address: _____	Suite/Unit # _____
City _____	State _____ Zip _____
Credit Card # _____	CC Expiration _____
Billing Address _____	Billing Zip Code _____
<p><b>Please make checks payable to FAOP and mail with this invoice to the address below.</b>  <b>We accept VISA, MASTERCARD and DISCOVER and AMERICAN EXPRESS (There is a \$2.00 charge for AMEX)</b></p>	

- ✓ **PLEASE MAKE SURE YOU HAVE CHECKED YOUR APPROPRIATE MEMBER LEVEL BOX.**
- ✓ **PLEASE MAKE SURE YOU HAVE ENCLOSED YOUR FORM OF PAYMENT.**
- ✓ **PLEASE REMEMBER FAOP HAS GONE PAPERLESS. THEREFORE, YOUR MEMBERSHIP CONFIRMATION WILL BE SENT VIA EMAIL. PLEASE INCLUDE YOUR EMAIL ADDRESS ABOVE, ADD MEMBER@FAOP.ORG TO YOUR EMAIL ADDRESS BOOK AND CHECK YOUR SPAM FOLDERS!**