



2021 FAOP Membership Form

ACTIVE MEMBER \$185.00

*Orthotist

*Prosthetist

*Prosthetist/Orthotist

AFFILIATE MEMBER \$135.00

*Pedorthist

*Orthotic Fitter

*Orthotic Fitter Assistant

ASSOCIATE MEMBER \$85.00

*Orthotic/Prosthetic Resident

Make sure you check the correct box. You will be charged the amount for your current license level.

Name: _____

E-Mail: _____

(All communication is by email)

ABC Certification #: _____

FL License #: _____

FAOP # (If Known): _____

Company: _____

Company Address: _____

Suite/Unit #: _____

City: _____

State: _____

Zip: _____

Payment:

Check: Check #: _____

Credit Card: Visa Mastercard

Discover American Express

Credit Card #: _____

CC Expiration: _____

Billing Address: _____

Billing Zip Code: _____

Please make checks payable to FAOP and mail with this invoice to the address below.

1. Please make sure you have checked your appropriate member level box.
2. Please make sure you have enclosed your form of payment.
3. Please include your email address. Add info@faop.org to your email address book and check your spam folders!