



President: Orializ Gonzalez, LPO,CPO
President-elect: Jennifer Schimmel, LPO, CPO
Immediate-Past President: Eugenio Silva, LPO,CPO
Treasurer: Valarie O'Brien, LPO,CPO
Secretary: Tara Reynolds, LPO,CPO

TIME TO JOIN FAOP FOR THE 2020 YEAR!

A new membership year begins on January 1, 2020. 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, FAOP seeks to raise awareness and increase public support for professional standards and accountability regarding provision of comprehensive orthotic and prosthetic care. All licensed Florida professionals are welcome for membership!

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, 2020!
There will be NO EXCEPTIONS.



2020 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!