



Membership Application

MEMBER INFORMATION

Select a Username and Password to use when logging into the member area of aaompt.org

Username _____
Password _____
Prefix ___ First Name _____
Middle Initial ___ Last Name _____ Suffix ___
Informal Name _____
Degree/Designation _____
Address _____
City _____
State ___ ZIP/Postal Code _____ Province _____
Please use country fields only if you reside outside of the U.S.
Country _____ Country zip _____
Phone () _____ Work Phone () _____
Fax () _____

MEMBERSHIP PREFERENCES

Preferred Email _____
Name of School _____
Graduation Date _____
Remove From Email Blast? [] Yes [] No
List In The Online Directory? [] Yes [] No
Are You An APTA Member? [] Yes [] No
Are You An Orthopaedic Section Member? [] Yes [] No
Are You An OCS? [] Yes [] No
Include On Label List? [] Yes [] No
Display Personal Info?
[] Show my info in the membership directory
[] Do not show my info in the membership directory
[] Only show my work address
[] Only show my home address

HOW DID YOU FIND OUT ABOUT AAOMPT?

[] National Student Conclave [] Combined Sections Meeting
[] APTA National conference [] AAOMPT conference
[] Faculty member [] Fellow
[] Current AAOMPT or AAOMPT-sSIG member
[] Other _____
Were you an AAOMPT student SIG member? [] Yes [] No

MEMBERSHIP TYPE

Please note as of 2010 JMMT is now online and is included in all memberships below except as noted. There is now an additional fee for eligible members who wish to purchase the print version.

Full Fellow (Approved AAOMPT Fellows Only) [] \$155 w/printed journal [] \$174
AAOMPT Member [] \$125 w/printed journal [] \$144
Institutional Member [] \$160 w/printed journal [] \$179
North American Member [] \$135 w/printed journal [] \$154
Overseas Member [] \$115 w/printed journal [] \$134
Post Professional Graduate Fellow [] \$95 w/printed journal [] \$114

Advisor _____ Phone () _____
(AAOMPT reserves the right to contact advisors to confirm graduate status)

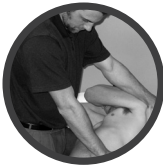
Post Professional Graduate Member [] \$95 w/printed journal [] \$114
Advisor _____ Phone () _____
(AAOMPT reserves the right to contact advisors to confirm graduate status)

Student Member [] \$60 w/ printed journal [] \$79
Student Member (No online journal access) [] \$15

[] Donation \$ _____ voluntary contribution
[] 140 Club \$ _____ (\$140 suggested donation)

PAYMENT METHOD

[] Check/Money Order (make payable to AAOMPT)
[] Visa [] Mastercard [] American Express
Credit Card Number _____
Exp. Date ____ / ____ Credit Card Code _____
Name on Card _____
Billing Information [] Same as member information
Billing Address _____
City _____
State/Province _____ ZIP _____
Billing Country _____
(if outside of U.S.)



Please mail check payments with this completed form to:
AAOMPT | 12100 Sunset Hills Road | Suite 130 | Reston, VA 20190
Please note the membership process can take 7 - 10 business days to complete.