



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) \$180 w/printed journal \$228

AAOMPT Member \$150 w/printed journal \$198

Institutional Member \$200 w/printed journal \$248

North American Member \$135 w/printed journal \$183

Overseas Member \$115 w/printed journal \$163

Post Professional Graduate Fellow \$95 w/printed journal \$143

Advisor _____ Phone () _____

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

Post Professional Graduate Member \$95 w/printed journal \$143

Advisor _____ Phone () _____

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

Student Member \$60 w/ printed journal \$108

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 | 8550 United Plaza Blvd. | Suite 1001 | Baton Rouge, LA 70809

Please note the membership process can take 7 - 10 business days to complete.