

MAIL APPLICATION TO:

T.A.O.P.
9211 West Road, Ste. 143-116
Houston, Texas 77064



CONTACT US AT:
210-591-8267 OFFICE
631-284-3353 FAX
Email: TAOPStaff@gmail.com

Texas Association of Orthotists & Prosthetists
2011 APPLICATION FOR MEMBERSHIP

DEGREE(S) (or Equivalent) Check all that apply

PROSTHETIST ORTHOTIST CPED RFO RFOM RMF Administrator Billing Staff Other:

PLEASE INCLUDE YOUR CERTIFICATE/LICENSE NUMBER

ABC # _____

BOC # _____

STATE LICENSE # _____

PFA # _____

Other: _____ # _____

LAST NAME _____ FIRST NAME _____ MI _____ MEETING BADGE NAME _____

COMPLETE MAILING ADDRESS _____ SUITE/DEPARTMENT _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

DATE OF BIRTH (MM/DD/YYYY) _____ EMAIL ADDRESS _____

EMPLOYMENT INFORMATION Check Box if Not Applicable

COMPANY/PRACTICE/FACILITY/INSTITUTION NAME _____ DEPARTMENT/GROUP CONTACT NAME _____

COMPLETE MAILING ADDRESS _____ SUITE/DEPARTMENT _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

SPOUSE OR SIGNIFICANT OTHER INFORMATION Check Box if Not Applicable

LAST NAME _____ FIRST NAME _____ MI _____ MEETING BADGE NAME _____

How should we correspond with you? Email Home Address Work Address

Application Processing Fee: (*Application Fees & Dues must accompany Application Form*) **\$25.00**

Type of Membership Applying For: (*Please Check One*)

Active-Voting Dues (*Annual Dues are due the first of each year*) **\$100.00**
(*Texas Resident working in an Active Texas Orthotic and/or Prosthetic Facility or Educational Program*)

Associate – Non Voting Dues (*Annual Dues are due the first of each year*) **\$75.00**
(*Resident or Non-Texas Resident interested in Texas Orthotics and/or Prosthetics*)

TOTAL SUBMITTED: \$125 Active Voting \$100 Associate Non-Voting

All Applications require names & signatures from two (2) active and in good standing TAOP members. Please submit your fees and application form with signatures to the Administrative Secretary for processing and voting in.

TAOP MEMBER (PRINT NAME) _____

SIGNATURE OF TAOP MEMBER _____

TAOP MEMBER (PRINT NAME) _____

SIGNATURE OF TAOP MEMBER _____