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Texas Association of Orthotists & Prosthetists

2010 MEMBERSHIP PROFILE FORM

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

PROSTHETIST ORTHOTIST CPED CFO RFOM RMF Other:

PLEASE INCLUDE YOUR CERTIFICATE/LICENSE NUMBER

ABC # _____ BOC # _____ STATE LICENSE # _____ Other # _____

PREFERRED CONTACT INFO WILL BE HOW TAOP distributes all official information and/or correspondence. It is YOUR responsibility to keep TAOP advised of ANY changes to your preferred contact information.

PREFERRED METHOD OF CORRESPONDENCE: Email Home Address Work Address

LAST NAME FIRST NAME MI NICKNAME

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 NICKNAME

TAOP MEMBER (PRINT NAME) SIGNATURE OF TAOP MEMBER DATE SIGNED