

International African American Prosthetic & Orthotic Coalition

Membership Form

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (W) _____ (H) _____ (Fax) _____ (W\H)

Email Address _____

Certification Type and Number: _____

State License and Number: _____

Business or School Name: _____

Present Job or Position: _____

School or Work Address: _____

City: _____ State: _____ Zip _____

Do you know any member of IAAPOC? _____, if yes who _____

Type of Membership:

_____ **Active members:** African-American individual certified by BOC, or ABC Prosthetist or Orthotist, with which the ultimate general authority and responsibility for the policies and affairs of the association shall lie. Annual dues \$100

_____ **Associate members:** uncertified African-American Prosthetist or Orthotist. They shall have no vote. Annual dues \$100

_____ **Honorary members:** any organizations, companies, or individuals interested in the work of the Corporation and subscribes to its' purpose. They shall have no vote. Annual dues \$100

_____ **Student member:** African-American student enrolled in an accredited Prosthetic & Orthotic program. Annual dues \$50

Please enclose a check of your annual dues and mail application to:

Tony Thaxton Jr.
IAAPOC
1391 Everhart St. SW
Atlanta, GA 30310-4321