



AAOMPT Membership Application

Please print clearly to make sure we record your information correctly.

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

Username: _____ Password: _____

Prefix: _____

First Name: _____ Middle Name: _____ Last Name: _____ Suffix : _____

Informal Name: _____

Degree/Designation: _____

Address : _____

City: _____ State/Province: _____ Zip/Postal Code: _____

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 member?: 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

Membership Type

Payment Method

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 \$155 w/ printed journal: \$174

AAOMPT Member: \$125 w/ printed journal: \$144

Institutional Member: \$155 w/ printed journal: \$174

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)

- Check/Money Order (make check payable to AAOMPT)
 Visa Mastercard American Express

Billing Information: Same as member information above

Credit Card Number: _____

Expiration Date: Month _____ Year _____ Credit Card Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State/Province: _____ Zip: _____

Billing Country: _____

Please mail check payments with this completed form to: AAOMPT, 12100 Sunset Hills Rd, Suite 130, Reston, VA 20190.

Please note the membership process takes up to 7 - 10 business days.