

International African American Prosthetic & Orthotic Coalition

2021 Meeting Registration / Membership Form

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (W) _____ (H) _____ (Fax) _____ (WH) _____

Email Address _____

Email Address (enter again) _____

Certification Type and Number: _____

State License and Number: _____

Business or School Name: _____

Present Job or Position: _____

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 \$150** [Note: if you paid in 2020 you do not have to pay 2021]

_____ **Associate members:** uncertified African-American Prosthetist or Orthotist. They shall have no vote. **Annual dues \$150**

_____ **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 \$150**

_____ **Student member:** African-American student enrolled in an accredited Prosthetic & Orthotic program. **Annual dues \$50** [Free First Year of Membership]. They shall have no vote.

_____ **Guest Attendee.** No Charge but do complete the registration form

Please pay online or mail your check (payable to IAAPOC) and application to:

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