

INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS APPLICATION FORM

ISPO-No
(For office use only)

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Title :

Mrs. <input style="width: 40px; height: 20px;" type="checkbox"/>	Dr. <input style="width: 40px; height: 20px;" type="checkbox"/>	Prof. <input style="width: 40px; height: 20px;" type="checkbox"/>
Ms. <input style="width: 40px; height: 20px;" type="checkbox"/>	Mr. <input style="width: 40px; height: 20px;" type="checkbox"/>	: Other <input style="width: 40px; height: 20px;" type="checkbox"/>

Mark Only One Box (Priority

Professional Category		
Administrator	A	
Company	C	
Engineer	E	
Podiatrist, Chiropracist	F	
Company/Institution		
Medical Doctor	MD	
Nurse	N	
Occupational Therapist	OT	
Prosthetist-Orthotist	PO	
Physiotherapist	PT	
Student	S	
Shoemaker, Shoefitter	SH	
Other		

Please detail :

Last Name :

First Name :

Address :

City/State:

ZIP :

**Organization/
Company**

Country :

Date of Birth :

Female :

Male :

Nationality :

Present Post, Job or Position :

Professional Qualifications :

Mark Only One Box

Subcategory (if any)

Engineers :

Biomechanical

Rehabilitation

Other

Medical Doctors :

Orthopaedic Surgeon

Pediatrician

Physician

Rehabilitation Medicine

Surgeon

Prosthetist-Orthotists :

Orthopaedic Technologist

Orthotist

Prosthetist

Other

Please detail :

Telephone :

Telefax :

E-mail :

Mark in boxes; more than one, if appropriate.

Incident Fluency

Language	Good	Average	Poor
English	E		
French	F		
German	G		
Spanish	S		
Japanese	J		
Other	O		

Please detail :

Signed : _____ Date: _____

Please return to : US ISPO: PO Box 3188; Dublin OH 43016 or fax payment by credit card using the form below.
Thank you.

This computer file will only be used for purposes within the Constitutional aims of ISPO and in accordance with the Danish Laws for protection of such files. Completion of this form indicates your agreement for the information contained to be used in this way. Completion of the sections relate to willingness to work for ISPO or other agencies, and about previous experience are not mandatory to be accepted as a member of ISPO. Sensitive data will not be disclosed to third parties without written permission.

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US ISPO Membership Dues Payment Form

- Yes, I am interested in rehabilitation on the international level and would like to join the efforts which currently support activities and education in underserved areas of the world.

Please indicate the appropriate category of ISPO membership for which you are applying and return this form along with your payment to begin enjoying your ISPO membership benefits.

- Regular Membership \$195.00

Professional member, or persons actively engaged in prosthetics, orthotics and rehabilitation engineering, including research, education, clinical practice and other significant aspects of prosthetics and/or orthotics.

- Sponsoring Membership \$520.00

Persons and/or organizations actively involved in activities directly related to the objectives of ISPO and rendering financial support in excess of the regular membership fees. Sponsoring members are announced annually in the Journal and entitled to receive the ISPO Journal and to attend all conferences and scientific meetings of the Society and the World Assembly. When the sponsoring member is a company or group, one nominated delegate may enjoy all the privileges.

- Student Membership \$ 90.00

Students or trainees in the disciplines as defined above under regular membership. Student application must be supported by documentary evidence from educational establishment or employer. Student membership is normally available for three years upon renewal for each year. Must be accompanied by a letter confirming student status from applicant's school representative or employer of applicant.

Please make check payable to: USISPO; PO Box 3188; Dublin OH 43016

Or

By Credit Card Visa Master Card Am Express

Acct. No. _____ Exp. Date _____

Cardholder's Name _____

Amount to be Charged _____ Zip Code of Billing Address _____

Signature _____ Date _____

Fax (614) 336-8596

Email: dfarabi@columbus.rr.com

Thank you in advance for your support of the mission of US-ISPO.