



AABCP MEMBERSHIP FORM

Send me **AABCP PAC** information

INFORMATION (Please type or print legibly. One form per applicant)

First Name: _____ Last Name: _____
 Credential (s): _____ [degrees or certifications]
 Company: _____
 Job Title: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Telephone: _____ Fax: _____
 E-mail: _____ [Personal Company]
 Facebook: _____ Twitter: @ _____

CONTINUING EDUCATION TRACKING

-
 ABC CERT TYPE ABC ID NUMBER BOC CERT NUMBER

AABCP Fees

Individual Membership	<input type="checkbox"/>	\$ 139
Small Business [1-5]	<input type="checkbox"/>	\$ 415
Small Business [6+]	<input type="checkbox"/>	\$ 600

For corporate Information please call 800.892.1683

BUSINESS PUBLICATIONS

Study Guide \$ 50 X _____ = _____
 Online Practice Exam \$ 50 X _____ = _____
 Coders \$ 8.95 x _____

PAYMENT

Membership Total \$ _____
Publication Total \$ _____
TOTAL AMOUNT DUE \$ _____

Fax only if paying by credit card. Checks should be made payable to AABCP

Check Discover Visa MasterCard

Card # _____
 Exp. Date _____ CVV: _____
 Print Name _____
 Signature _____

MEMBER INFORMATION

What are the primary reasons you're joining AABCP?
 Please check **all** that apply:

CE Credits / Education Networking Location
 Advocacy Staying informed

How many years have you been in your profession?

0-5 6-10 11-20 21+

I am an: (Please check **all** that apply)

Mastectomy Fitter Prosthetist / Orthotist
 Billing / Accounting / Collections
 Owner
 Orthotic Fitter
 RN / PT / OT Other: _____

Mail or fax completed form to:

AABCP 3375 Westpark Drive Suite 573 Houston TX 77005
Fax 888.892.1684. Customer Service: *info@aabcp.org, 800.892.1683*