



SUBSCRIBER APPLICATION

I. Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Cell Phone _____

(for renewal and other notices)

Note: Academy members' contact information, including e-mail addresses and home phone numbers, will published in the Academy Membership Directory unless Academy staff members are instructed otherwise.

II. Academic History (Begin with Highest Degree)

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

III. Employment History (beginning with most recent)

IV. Orton-Gillingham Subscriber Course

Instruction: _____ Date(s): _____

Address: _____

Teacher Trainer: _____ Length of Course: _____

Please Submit:

- Application to the Academy
- Subscriber Application Fee: _____ \$50 one-year membership
- Application fee made payable to: Academy of Orton-Gillingham Practitioners and Educators