

Incorporated Under New York State Education Law
P.O. Box 234
4950 Route 22, Suite 8
Amenia, New York 12501

SUBSCRIBER APPLICATION

I. Name _____ **Date:** _____

Address: _____

_____ **Zip:** _____

Telephone #: Evening _____

Telephone #: Daytime _____

E-mail (if applicable) _____

Note: Unless otherwise indicated, upon your acceptance as an Academy member, your home telephone number and your e-mail address will be published in the Academy Directory.

II. EMPLOYMENT HISTORY (beginning with most recent)

III. ACADEMIC HISTORY (begin with highest degree)

Degree: _____ Institution: _____ Date: _____

Major: _____

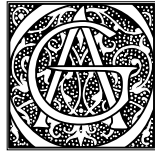
IV. ORTON-GILLINGHAM TRAINING

Institution: _____ Date(s): _____

Address: _____

Teacher Trainer: _____ Length of Course: _____

Please forward application together with \$35 application fee made payable to the Orton-Gillingham Academy.



Incorporated Under New York State Education Law

P.O. Box 234
 4950 Route 22, Suite 8
 Amenia, New York 12501

SUBSCRIBER COURSE -- SIGN IN/OUT FORM

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Course Instructor(s): _____

Session		Name of Instructor	Participant's Initials		Instructor's Initials
# of Hours	Date		In	Out	

 Total # of Hours

Participant's Signature _____

Course Supervisor's Signature _____