



Academy of
Orton-Gillingham
Practitioners
and Educators

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SUBSCRIBER APPLICATION

I. Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone Evening _____ Telephone Daytime _____

E-mail (if available): _____ (for renewal and other notices)

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

II. EMPLOYMENT HISTORY (beginning with most recent)

III. ACADEMIC HISTORY (beginning with highest degree)

Degree: _____ Institution: _____ Date: _____

Major: _____

IV. ORTON-GILLINGHAM SUBSCRIBER COURSE

Institution: _____ Date(s): _____

Address: _____

Teacher Trainer: _____ Length of Course: _____

Please forward application together with application fee made payable to the
Academy of Orton-Gillingham Practitioners and Educators for:
___\$50 one-year membership ___\$85 two-year membership