Academy of
Orton-Gillingham
Practitioners
and Educators

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WARRANTY
ORTON-GILLINGHAM CLASSROOM EDUCATOR

I, _____, as an Orton-Gillingham Classroom Educator member of the Academy of Orton-Gillingham Practitioners and Educators, agree to the following:

- I will represent the level of my membership in the Academy accurately.
- I will use my status in the Academy to engage only in fair professional practices.
- I will not engage in promotional/advertising contexts designating myself as qualified to teach using the Orton-Gillingham Approach outside of my work in a school setting.
- I will make annual dues payments in order to receive continued membership.

I understand that if I fail to conform to any of these conditions or the requirements of the Academy Code of Ethics, my membership may be canceled or its renewal denied, pursuant to the provision of Academy Bylaws.

Name: _____

Signature: _____

Date: _____

Please sign and return; keep a copy for your records.
This Warranty must be returned to the Academy office in order for your Orton-Gillingham Classroom Educator Membership to take effect.