



Academy of
Orton-Gillingham
Practitioners
and Educators

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WARRANTY ASSOCIATE MEMBER

I, _____, as an Associate Member of the Academy of Orton-Gillingham Practitioners and Educators, agree to the following conditions:

- 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 continue to tutor under the mentorship of a Fellow of the Academy.
- I have contacted the following Fellow to provide mentorship: _____
Fellow/AOGPE and I ensure that the Fellow will receive a copy of this signed Warranty.
- In promotional/advertising contexts, I will describe myself as ***“Orton-Gillingham-trained at the Academy Associate Level, continuing to work under the mentorship of a Fellow.”***
- 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 to the requirements of the Academy Code of Ethics, my membership may be canceled or its renewal denied, pursuant to the provision of Academy Bylaws (Article 4.5).

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
Associate Membership to take effect.*