



Academy of
Orton-Gillingham
Practitioners
and Educators

PO Box 234
3296 Route 343, Suite 1, Amenia, NY 12501
www.ortonacademy.org

T | 845.373.8919
F | 845.373.8925
info@ortonacademy.org

WARRANTY CERTIFIED MEMBER

I, _____, as a Certified 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 only train other practitioners as an official Fellow-in-Training in a Fellow Apprentice Training Program. *(If you are a Fellow-in-Training, provide the name of the Training Fellow: _____).*
- I will make annual dues payments in order to receive continued membership.

I understand that if I do not 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
Certified Membership to take effect.*