



Academy of
Orton-Gillingham
Practitioners
and Educators

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WARRANTY FELLOW MEMBER

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

- I will represent expectations for or outcomes of any training program I offer accurately.
- I will comply with the standards of the Academy as stated in the Curricula at each level of membership.
- I will represent the content or nature of my curriculum or any training program that I offer accurately.
- I will use my status in the Academy to engage only in fair professional practices.
- I will represent Academy approval of any program that I offer accurately.
- I will make annual dues payments to 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
Fellow Membership to take effect.*