



2010 Membership Application

As a new member, your organization is listed in the *AOPA Membership Applications* section of AOPA's monthly magazine, the *O&P Almanac*. If no objections are made to the announcement, your organization becomes an official member of AOPA.

Company Information

Please provide complete information and type or print clearly.

Company Name		
Web Site	E-Mail	
Address	Suite #	
City	State	Zip
Telephone #	Toll Free #	Fax #
Primary Office Contact	Primary Contact's Extension or Direct Line	Email
Primary Billing Contact	Primary Billing Contact's Extension or Direct Line	Email

Recent amendments by the Federal Communication Commission (FCC) to the Telephone Consumer Protection Act (TCPA) will require organizations to obtain prior written consent for all faxes containing "any material advertising the commercial availability or quality of any property, goods, or services." **Without prior written consent you will not receive such benefits as information on upcoming educational seminars including the National Assembly, introductions to new AOPA products, and other vital membership information. By signing below, you authorize AOPA to send you these faxes to the fax number you provided above. You also subscribe to AOPA's complimentary electronic newsletter, *AOPA in Advance*, for all emails provided.**

Signature	Printed Name	
Employee Name*	Title, Credentials & Professional Designations	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please print names clearly, as they should appear in the membership directory. Remember to include titles, credentials and designations.

2010 Membership Category (Valid January 1, 2010 - December 31, 2010)

To determine membership type, please refer to the membership categories.

- | | |
|--|---------|
| <input type="checkbox"/> Patient Care Facility | \$1,625 |
| <input type="checkbox"/> International Company | \$810 |
| <i>(For patient care facilities practicing outside of the United States)</i> | |
| <input type="checkbox"/> Educational & Research | \$1,625 |
| <input type="checkbox"/> Affiliate | \$285 |

Supplier Categories (by gross sales volume):

- | | |
|--|---------|
| <input type="checkbox"/> More than \$5 million | \$6,080 |
| <input type="checkbox"/> \$2 million-\$4,999,999 | \$4,900 |
| <input type="checkbox"/> \$1 million-\$1,999,999 | \$3,830 |
| <input type="checkbox"/> Less than \$1 million | \$1,920 |

"I certify that my company is engaged principally in the profession of orthotics and/or prosthetics."

Authorized Signature (Owner or Officer)	Printed Name and Title
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Please fax your application to (571) 431-0899. Questions? Contact Membership at (571) 431-0843 or membership@AOPAnet.org
Increase the visibility of ALL your locations: Sign up your affiliates for AOPA membership, today!

Payment Options

Payment must be made in FULL and in U.S. dollars and all checks must be drawn on a U.S. bank.

- Check or money order payable to “American Orthotic & Prosthetic Association”.
Please mail your application with payment to American Orthotic & Prosthetic Association, P.O. Box 34711, Alexandria, VA 22334-0711.
- MasterCard Visa American Express
Please fax your application and payment information to (571) 431-0899.

Card Number

Expiration Date

Printed Name (as it appears on your card)

Signature

- Check here is credit card billing address is the same as company address.
If not please provide credit card billing address below:

Address

City

State

Zip

AOPA Membership Categories & Eligibility

Patient Care Facility

This Membership Category is open to patient care facilities or firms principally engaged in providing orthotic and/or prosthetic care to patients. A patient care facility or firm shall be eligible as a Company Member if such eligible company employs a practitioner certified by and in good standing with the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC), the Board for Certification/Accreditation International (BOC), or employs a practitioner licensed by the state in which the facility operates.

Supplier

This Membership Category is open to any eligible firm principally engaged in the manufacture or sale of materials, components, tools, or equipment used in fabricating orthoses or prostheses, or in providing other O&P services that may qualify for supplier membership. Dues are based on annual gross sales volume.

Educational & Research

This Membership Category is open to any eligible program or organization engaged in performing research and/or providing formal education in orthotics and/or prosthetics that may qualify for membership.

Affiliate

This Membership Category is open to any branch or subsidiary location of a Patient Care Facility, Supplier, or Educational & Research member. Dues are paid per location

Important Note

Under the federal lobbying law, 11% of your AOPA dues is not deductible as ordinary and necessary business expenses. Dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense for federal income tax purposes. Please consult your tax advisor for further guidance. Dues payments are not refundable.

Thank You for Joining AOPA!





Affiliate Membership Application

Join today: Benefits Start Immediately

Enroll all your locations as AOPA members! Complete this application to extend all of the benefits of AOPA membership to additional locations for only \$285 per facility. Each of your AOPA member locations will enjoy increased visibility by being listed in the *2010 AOPA Yearbook*, and in the AOPA online directory at www.AOPAnet.org.

2010 Additional Location Membership Application (Valid January 1, 2010 - December 31, 2010)

ONE APPLICATION PER LOCATION, PLEASE. MAKE AS MANY COPIES OF THIS FORM AS NEEDED.

Additional Location Company Name

Address

Suite #

City

State

ZIP

Telephone #

Toll Free #

Fax #

Web Site

E-Mail

Primary Contact

Primary Contact Telephone

Primary Contact E-mail

Primary Billing Contact

Primary Billing Telephone

Primary Billing E-mail

Employee Name

Title, Credentials and Professional Designations

Please print names clearly, as they should appear in AOPA membership directories. Remember to include titles, credentials and designations of all employees to be listed including the primary and billing contact (if applicable).

Main Company Information (Required)

Main Company Name

Address

Suite #

City

State

ZIP

Payment Information

_____ x \$285 = _____
Number of Locations to Add *Total Amount Due*

Payment Options

Payment must be made in U.S. dollars and all checks must be drawn on a U.S. bank.

- Check or money order payable to “AOPA.”

Mail your application with payment to:

American Orthotic & Prosthetic Association, P.O. Box 34711, Alexandria, VA 22334-0711.

- MasterCard Visa

Fax your application and payment information to (571) 431-0899.

Card Number

Expiration Date

Printed Name (as it appears on card)

Signature

- Check here if credit card billing address is the same as Company address.

If not please provide credit card billing address below:

Address

City

State

Zip

Important Note

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