



# 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 \$265 per facility. Each of your AOPA member locations will enjoy increased visibility by being listed in the *2008 AOPA Yearbook*, and in the AOPA online directory at [www.AOPAnet.org](http://www.AOPAnet.org).

## 2008 Additional Location Membership Application (Valid January 1, 2008 - December 31, 2008)

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

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*Additional Location Company Name*

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*Address*

*Suite #*

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*City*

*State*

*ZIP*

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*Telephone #*

*Toll Free #*

*Fax #*

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*Web Site*

*E-Mail*

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*Primary Contact*

*Primary Contact Telephone*

*Primary Contact E-mail*

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*Primary Billing Contact*

*Primary Billing Telephone*

*Primary Billing E-mail*

**Employee Name**

**Title, Credentials and Professional Designations**

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*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)

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*Main Company Name*

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*Address*

*Suite #*

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*City*

*State*

*ZIP*

# Payment Information

\_\_\_\_\_ x \$265 = \_\_\_\_\_  
*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

Under the federal lobbying law, 8% 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.