



AOPA 2018 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. Please provide complete information and type or print clearly.

Company Information

Company Name: _____

Street: _____ Suite #: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone: _____ Toll Free Number: _____

Fax: _____ Website: _____

E-mail: _____

Primary Office Contact: _____ Ext. or Direct Line: _____
Email: _____

Primary Billing Contact: _____ Ext. or Direct Line: _____
Email: _____

NPI #: _____ ABC Facility #: _____ BOC Facility #: _____

Dun & Bradstreet (D&B) #: _____ D&B Gross Sales Volume: _____ D&B Date: _____

By signing this form you are consenting to receive transactional and information e-mails and faxes from AOPA. If applying for patient care facility membership, my signature below also certifies that our facility has a licensed or certified orthotist, prosthetist or pedorthist on staff.

Authorized Signature(Owner or Officer): _____ Date: _____

Print Name: _____ Title: _____

Employee Information

Please print names clearly, as they should appear in the online membership directory. Remember to include titles, any credentials and designations. Attach additional pages if necessary.

Total Number of Employees at Location: _____ Total Number of Clinical Staff at Location: _____

1. Employee Name: _____ Title: _____ Check box if principle (owner, director)
Email: _____

2. Employee Name: _____ Title: _____ Check box if principle (owner, director)
Email: _____

3. Employee Name: _____ Title: _____ Check box if principle (owner, director)
Email: _____

Payment Options

CHECK or MONEY ORDER

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

Check enclosed in the amount of \$ _____. Please make checks payable to **AOPA** and mail your application with payment to:

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

CHARGE

Please charge \$ _____ to (circle one):     Fax application to 571/431-0899.

Card Number: _____ Exp. Date: _____

Authorized Signature: _____ Printed Name: _____

Instructions

1. Please complete the entire AOPA Membership Application.
2. Make a copy of the Application for your records.
3. Mail the completed application with payment to: AOPA, 330 John Carlyle St., Ste 200, Alexandria, VA 22314, or fax with credit card payment to: 571/431-0899.

AOPA 2018

Membership Category

(January 1 - December 31, 2018)

Please indicate membership type from categories listed below.

- Patient Care Facility***\$2,025
- Education & Research**.....\$2,025
- International**\$1,010
For patient care facilities outside of the United States

Supplier Categories

(by gross sales volume):

- Supplier Level 1**
Less than \$1 million\$3,475
- Supplier Level 2**
\$1 million-\$1,999,999.....\$7,025
- Supplier Level 3**
\$2 million-\$4,999,999.....\$9,040
- Supplier Level 4**
More than \$5 million.....\$10,895

Affiliate Locations

Increase the visibility and provide access to AOPA services for ALL your locations!

- Affiliate Location**.....\$355

Important Note

Under the federal lobbying law, 23% 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!

For more information, contact us a 571/431-0876, or info@AOPAnet.org.



AOPA 2018 **SUPPLIER** MEMBERSHIP APPLICATION

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Company Information

Company Name: _____

Street: _____ Suite #: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone: _____ Toll Free Number: _____

Fax: _____ Website: _____

E-mail: _____

Primary Management Contact: _____ Ext. or Direct Line: _____
Email: _____

Primary Billing Contact: _____ Ext. or Direct Line: _____
Email: _____

NPI #: _____ ABC Facility #: _____ BOC Facility #: _____

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Authorized Signature(Owner or Officer): _____ Date: _____

Print Name: _____ Title: _____

Employee Information

Please print names clearly, as they should appear in the online membership directory. Remember to include titles, any credentials and designations. Attach additional pages if necessary.

Total Number of Employees at Location: _____ Total Number of Clinical Staff at Location: _____

1. Employee Name: _____ Title: _____ Check box if principle (owner, director)
Email: _____

2. Employee Name: _____ Title: _____ Check box if principle (owner, director)
Email: _____

3. Employee Name: _____ Title: _____ Check box if principle (owner, director)
Email: _____

Payment Options

CHECK or MONEY ORDER

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

Check enclosed in the amount of \$ _____. Please make checks payable to **AOPA** and mail your application with payment to:

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

CHARGE

Please charge \$ _____ to (circle one):     Fax application to 571/431-0899.

Card Number: _____ Exp. Date: _____

Authorized Signature: _____ Printed Name: _____

Thank You for Joining AOPA!

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Instructions

1. Please complete the entire Supplier Membership Application.
2. Make a copy for your records.
3. Mail completed application with payment to: AOPA, 330 John Carlyle St., Ste 200, Alexandria, VA 22314, or fax with credit card payment to: 571/431-0899.

AOPA 2018 Supplier Membership Category

(January 1 - December 31, 2018)

The Supplier 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. Mark category below.

Supplier Categories

(by gross sales volume):

- Supplier Level 1**
Less than \$1 million \$3,475
- Supplier Level 2**
\$1 million-\$1,999,999 \$7,025
- Supplier Level 3**
\$2 million-\$4,999,999 \$9,040
- Supplier Level 4**
More than \$5 million \$10,895

Affiliate Locations

Increase the visibility and provide access to AOPA services for ALL your locations!

- Affiliate Location \$355

Important Note

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AOPA 2018 **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 \$355 per facility. Each of your AOPA member locations will enjoy increased visibility by being listed online directory at www.AOPAnet.org.

2018 Additional Location Membership Application

[Valid January 1, 2018 - December 31, 2018]

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

Additional Location Company Information

Parent Company Name: _____ Parent Company Member ID: _____

Additional Location Company Name: _____

Street: _____ Suite #: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Telephone: _____ Toll Free Number: _____

Fax: _____ Website: _____

E-mail: _____

Primary Management Contact: _____ Ext. or Direct Line: _____

Email: _____

NPI #: _____ ABC Facility #: _____ BOC Facility #: _____

Dun & Bradstreet (D&B) #: _____ D&B Gross Sales Volume: _____ D&B Date: _____

Employee Information

Please print names clearly, as they should appear in the online membership directory. Remember to include titles, any credentials and designations. Attach additional pages if necessary.

Total Number of Employees at Location: _____ Total Number of Clinical Staff at Location: _____

1. Employee Name: _____ Title: _____ Check box if principle (owner, director)

Email: _____

2. Employee Name: _____ Title: _____ Check box if principle (owner, director)

Email: _____

3. Employee Name: _____ Title: _____ Check box if principle (owner, director)

Email: _____

5 good reasons to register your affiliated locations

JOIN TODAY: Benefits Start Immediately

1 Receive access to the AOPA Co-OP for your affiliate locations. Members with 4 or more registered affiliates receive additional licenses at no charge.

2 Patients seeking convenient services will find all your alternatives in the AOPA membership online directory.

3 All staff listed at the affiliate locations would be eligible for AOPA member benefits at member rates.

4 All locations/colleagues would be kept informed of regulatory changes to O&P through AOPA's breaking news and information.

5 All locations/colleagues would know how and where to obtain valuable CE credits from AOPA at member rates.

AOPA 2018 MEMBERSHIP CATEGORIES

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.

International

This Membership Category is open to any firm meeting the requirements of the Patient Care Facility membership that is not located in a U.S. state or territory.

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.

For more information about AOPA Membership, visit www.AOPAnet.org, email info@AOPAnet.org, or call 571-431-0876.