



# AOPA 2022 MEMBERSHIP APPLICATION

As a new member, your organization is listed in the *New Member* 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 and each staff person requires a unique email address to access AOPA Connection. Attach additional pages if necessary.

Total Number of Employees at Location: \_\_\_\_\_ Total Number of Clinical Staff at Location: \_\_\_\_\_

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

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

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

## 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.

### WIRE TRANSFER Contact AOPA for more information.

**ACH** Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
Name on account: \_\_\_\_\_

### CHARGE

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

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Thank You for Joining AOPA!**

For more information, contact us a 571/431-0876, or [info@AOPAnet.org](mailto:info@AOPAnet.org).

## 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, P.O. Box 34711, Alexandria, VA 22334, email to [info@AOPAnet.org](mailto:info@AOPAnet.org), or fax with credit card payment, or ACH info to: 571/431-0899.

## AOPA 2022 Membership Category

(January 1 - December 31, 2022)

Please indicate membership type from categories listed below.

- Patient Care Facility** ..... \$2,150
- Education & Research** ..... \$2,150
- International** ..... \$1,075  
*For patient care facilities outside of the United States*

## Affiliate Locations

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

# of Affiliate Locations	Affiliate Fee Per Location
<input type="checkbox"/> 1-5 Locations.....	\$380
<input type="checkbox"/> 6-10 Locations.....	\$365
<input type="checkbox"/> 11-20 Locations.....	\$350
<input type="checkbox"/> 20-100 Locations.....	\$340
<input type="checkbox"/> Over 100 Locations.....	\$290

### Supplier

Use **SUPPLIER** Membership Application

## 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.