American Orthotic & Prosthetic Association

AOPA 2024 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): VISA MC AMEX DISCOVER 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*.

Updated September 2023. Previous versions invalid.

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, or fax with credit card payment, or ACH info to: 571/431-0899.

AOPA 2024 Membership Category

Valid Jan 1 - Dec 31, 2024

Please indicate membership type from categories listed below.

☐ **Patient Care Facility**..... $2,215

☐ **Education & Research** $2,215

☐ **International** $1,105
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
☐ 1-5 Locations	$390
☐ 6-10 Locations	$375
☐ 11-20 Locations	$360
☐ 20-100 Locations	$350
☐ Over 100 Locations	$300

☐ **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.