



AOPA 2024 Supplier 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 Management 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.

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.

Instructions

1. Please complete the entire Supplier Membership Application.
2. Make a copy 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 Supplier Membership Category

Valid Jan 1 - Dec 31, 2024

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

- Consultant**
Less than \$500,000\$510
Single proprietor providing professional or expert advice earning less than \$500K annually
- Supplier Start-up**.....\$1,805
Eligibility is for 2 years, then advances to next member category based on annual sales revenue. *New members only.*
- Supplier Level 1**
Less than \$499,999.....\$3,350
- Supplier Level 2**
\$500,000—\$999,999.....\$4,400
- Supplier Level 3**
\$1 million—\$1,999,999.....\$5,925
- Supplier Level 4**
\$2 million—\$9,999,999.....\$11,845
- Supplier Level 5**
\$10 million—\$19,999,999.....\$13,905
- Supplier Level 6**
\$20 million—\$49,999,998.....\$16,995
- Supplier Level 7**
\$49,999,999—\$100 billion.....\$28,325

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.....	\$390
<input type="checkbox"/> 6-10 Locations.....	\$375
<input type="checkbox"/> 11-20 Locations.....	\$360
<input type="checkbox"/> 20-100 Locations.....	\$350
<input type="checkbox"/> Over 100 Locations.....	\$300

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.