



AOPA 2025

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. All staff at your organization are entitled to use AOPA member benefits. Have them log in or sign up at aopahub/aopanet.org.

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) #: _____ Gross Annual Sales: \$ _____

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 the AOPA Hub. 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 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 2025 Membership Category

Valid Jan 1 - Dec 31, 2025

Please indicate membership type from categories listed below.

Patient Care Facility

Patient Care Facility dues* are based on annual revenue according to the bands below:

- BAND 1 Under \$999,999\$2,595
- BAND 2 \$1 Million to \$4.999 Million...\$3,095
- BAND 3 \$5 Million to \$19.999 Million....\$4,295
- BAND 4 Over \$20 Million.....\$5,995

* Patient Care Facilities with more than 20 locations are assessed additional dues. Contact AOPA for pricing if you exceed 20 satellite offices.

Education & Research\$2,295

International\$1,195
For patient care facilities outside of the United States

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.