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YOUR VOICE FOR PROFESSIONAL O&P PATIENT CARE

[www.naaop.org](http://www.naaop.org)

## Membership Application

Membership is open to nationally certified and/or state licensed orthotic and prosthetic professionals as well as accredited orthotic and prosthetic facilities. Membership is also open to select manufacturers that are dedicated to advancing O&P technologies and outcomes.

### Membership Categories and Criteria

#### Choose a membership option

- Friend of NAAOP: \$100 per year
- Individual Certified O&P Practitioner: \$250 per year\*
- Independent Accredited O&P Facility: \$1000 per year\*\*
- Accredited O&P Multi-Facility Corporation: \$500 per month
- O&P Supplier or Manufacturer: \$500 per month
- Educational/Research Institution: \$500 per year
- Certified Fitters, Technicians & Assistants: \$150 a year\*\*
- Student, Resident, Candidate, (non-voting membership): \$50 per year  
Students currently enrolled in a CAAHEP accredited program  
Current NCOPE enrolled residents  
O&P Certification exam candidates

Memberships will automatically renew on January 1<sup>st</sup> of each year.

Membership fees will be pro-rated for those new members joining mid-year.

Applications will be reviewed for eligibility requirements.

\*Semi-annual payment option available \*\*Monthly payment option available

### Member Contact Information

Mr.    Ms.    Mrs.

First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last name \_\_\_\_\_ Credentials \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Payment Information

Check payable to NAAOP    MASTERCARD    VISA    AMEX

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: **NAAOP, 1501 M Street, NW, Seventh Floor, Washington DC, 20005-1700**