

## MEMBERSHIP APPLICATION

### CORPORATE MEMBERSHIP CATEGORIES

(Please check applicable category.)

#### \$900 Annual Dues for Initial Facility/Location

- Corporate Patient Care:** Any firm or corporation that is principally engaged in the business of providing O&P care to patients.
- \$300 for Each Additional Office**

#### \$1,200 Annual Dues

- Corporate Supplier:** Any firm or corporation which is principally engaged in supplying O&P businesses with materials, components, tools, or equipment used in fabricating orthoses and/or prostheses.
- Corporate Allied Health:** Any organization, firm or corporation that is engaged in the allied health field that serves O&P clients and businesses.
- Corporate Associate:** Any organization that represents consumers of orthotic and prosthetic care or other professionals who may also provide services to orthotics and prosthetics consumers.

### INDIVIDUAL MEMBERSHIP CATEGORIES

(Please check applicable category.)

#### \$120 Annual Dues

- Associate:** Any non-practicing clinician with a professional interest in orthotics and prosthetics.

#### FREE

- Student:** Any student enrolled in an accredited school or resident program and pursuing a course of study in orthotics and/or prosthetics.

***Please complete the following and be sure to check your membership category above.***

Name \_\_\_\_\_

Company/School \_\_\_\_\_

Company/Student Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Additional Facility:** (List addresses on separate paper if more than one.)

Address \_\_\_\_\_

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

#### **NOTE:**

Please check here \_\_\_ if you decline to have 30% of your annual dues dedicated to the COPA Political Action Committee (PAC). Contributions to COPA PAC are not deductible. Contributions or dues payments to COPA are not deductible as charitable contributions. COPA estimates that 20% of your membership dues payments are attributable to lobbying expenses for the calendar year and that portion is not deductible as a business expense.

#### **PAYMENT**

- Enclosed is my check of \$ \_\_\_\_\_ made payable to **COPA**  
OR  
 Please charge my credit card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX

Credit Card #

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Exp. Date \_\_\_\_\_

CVV # 

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Signature \_\_\_\_\_

Name \_\_\_\_\_ (as it appears on card)

Billing Address (if different from address above) \_\_\_\_\_

Mail to:  
Address: California Orthotic & Prosthetic Association  
2700 East Foothill Blvd., Suite 209, Pasadena, CA 91107  
Or Email: [admin@californiaoandp.com](mailto:admin@californiaoandp.com)  
Or Phone: 626.244.2696