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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 Membership: \$300 per year
- Facility – One to Five Facilities: \$1,000 per year\*
- Facility – Six to Ten Facilities: \$2,000 per year\*
- Facility – More Than Ten Facilities: \$3,000 per year\*
- O&P Supplier or Manufacturer: \$6,000 per year\*

*\*Bi-annual, quarterly, and monthly payment options available*

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.

### 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**