



Pennsylvania Orthotic Prosthetic Society

# 2021 Membership

## Membership Levels

<input type="checkbox"/> Facility Base Fee		\$300
# of Practitioners	_____ x\$35	+ _____
TOTAL DUES		_____

*(Base fee \$300 + # Licensed Practitioners = Total Dues)*

*Example: \$300 + \$140 (4 practitioners x \$35) = \$440 Membership Dues*

- Individual Practitioner \$35
- Supplier/Manufacturer \$500

## I would like to make a donation to support the POPS Legislative Initiative.

\$100    \$250    \$500    \$1,000    Other Amount \$ \_\_\_\_\_

*Please make your check payable to POPS.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail check with completed form to:

POPS, Attn: Ann Moss, 3424 Liberty Avenue, Pittsburgh, PA 15201

Questions? (800) 659-9755

Visit us online at [www.POPS.bz](http://www.POPS.bz)