



## 2013 MEMBERSHIP APPLICATION

### Iowa Prosthetic, Orthotic and Pedorthic Association

Name: \_\_\_\_\_

Address:(home) \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Circle all that apply: Prosthetist    Orthotist    Pedorthist    Fitter    Technician  
 Other: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

I would like to renew my membership or become a new full member of the Iowa Prosthetic, Orthotic & Pedorthic Association. My paid registration and proof of ABC or BOC certification in Orthotics, Prosthetics, Pedorthics, Fitter or Technician allows me full voting rights in the association. If I do not have certification I may participate in all functions and receive all updates of the IPOPA ABC/BOC facility.

\*\* Memberships and renewals are for one calander year. Late memberships do not carry over to following year.\*\*

**MEMBERSHIP DUES:**

**CHECK ONE**

ABC/BOC Certified Individual	\$100.00	Annual	_____
Affiliate (non certified)	\$ 25.00	Annual	_____
ABC/BOC Corporation	\$1000.00	Annual	_____
Vendor	\$500.00	Annual	_____
Other	\$10.00	Annual	_____

\_\_\_\_\_  
Name

\_\_\_\_\_  
Credential #s

\_\_\_\_\_  
Date