



THE CENTER FOR **ORTHOTICS AND PROSTHETICS**  
LEARNING AND OUTCOMES/EVIDENCE-BASED PRACTICE

# Membership Application

## Personal/Company Information

Please provide complete information and type or print clearly.

\_\_\_\_\_  
First Name M.I. Last Name Email

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address Suite #

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

\_\_\_\_\_  
Telephone # Toll Free # Fax #

## 2009 Membership Category (Valid January 1, 2009 - December 31, 2009)

- Individual Membership** **\$100**  
*(ABC Certified practitioners, BOC Certified practitioner, Non-certified practitioners/researchers, employees of O&P Companies)*
- Patient Membership** **\$25**  
*(Not affiliated with O&P industry, Member of ACA or other patient advocacy groups)*

- ### Company Donation Levels:
- Platinum** **\$5,000 and greater**
  - Gold** **\$2,500-\$4,999**
  - Silver** **\$1,000-\$2,499**
  - Bronze** **\$500-\$999**

## Payment Options

Payment must be made in FULL and in U.S. dollars and all checks must be drawn on a U.S. bank.

- Check or money order payable to “The Center for Orthotics & Prosthetics Learning and Outcomes/Evidence-Based Practice (COPL)”.  
*Please mail your application with payment to The Center for Orthotics & Prosthetics Learning and Outcomes/Evidence-Based Practice, 330 John Carlyle St., Ste. 200, Alexandria, VA 22314.*
- MasterCard     Visa     American Express  
*Please fax your application and payment information to (571) 431-0899.*

\_\_\_\_\_  
Card Number Expiration Date

\_\_\_\_\_  
Printed Name (as it appears on your card) Signature

- Check here is credit card billing address is the same as company address.  
If not please provide credit card billing address below:

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

## Thank You for Joining COPL!



Please fax your application to (571) 431-0899. Questions? Contact Membership at (571) 431-0843.