

Michigan Orthotics and Prosthetics Association

APPLICATION FOR MEMBERSHIP

All applications are subject to the approval of the MOPA Board of Directors, and must be accompanied by payment for the **application fee of \$20.00**. Membership in the Association is not transferable or assignable. This application should be signed by facility's representative, who will exercise the right and privilege of membership on behalf of the facility. A facility's representative may be changed from time to time by the facility, upon written notice of such change being submitted to the Board of Directors through the President of MOPA.

Payment Options:

1. Mail check

2. Chase QuickPay: Free if you have a Chase account – michiganopa@gmail.com

3. Venmo: -You will be required to create a Venmo account <https://venmo.com/> or download the App.

Free to use a Debit Card or if you link your Bank Account. You will be charged a 3% fee if you use a credit card

Search Name: Michigan Mopa or Username: @Michigan-MOPA

Please Type or Print

Name of Facility

Street

City

State

Zip Code

()

()

Telephone Number

Fax Number

E-Mail

Do You Have A Michigan Tax ID #: Yes • No • NPI #: Yes • No •

Medicare Provider # Yes • No • BCBS Provider # Yes • No • Medicaid Provider # Yes • No •

ENTITY TYPE:

- Sole Proprietorship
- Partnership
- Corporation
- Non-Profit

SERVICES PROVIDED AT THIS LOCATION

- Orthotics • Prosthetics
- Breast Prosthetics
- DME (Durable Medical Equipment)
- Seating
- Other (list all other services, products)

DO YOU HAVE AN ABC PRACTITIONER ON STAFF FOR ORTHOTICS • YES • NO PROSTHETICS • YES • NO

IS YOUR FACILITY ABC ACCREDITED: • YES • NO DATE ABC ACCREDITATION EXPIRES

PLEASE ATTACH A COPY OF YOUR ABC ACCREDITATION CERTIFICATE

ARE YOU INTERESTED IN PRESENTING AT THE SEMI-ANNUAL BUSINESS/EDUCATION MEETINGS: • YES • NO

ARE YOU INTERESTED IN SERVING ON A COMMITTEE OR THE MOPA BOARD? • YES • NO

PLEASE DESIGNATE THE PERSON WHO WILL BE THE VOTING REPRESENTATIVE FOR YOUR FACILITY

Name

Title

Mailing Address (for all MOPA communications)

Street

City

State

Zip Code

(____) _____
Telephone Number

(____) _____
Fax Number

E-Mail

MOPA DUES are based on the total number of ABC board certified staff members that are employed in Michigan by each MOPA member (including CPO, CP, CO, C-Ped, CFo, CFm and CFts).

DUES SCHEDULE

| NUMBER OF ABC CERTIFIED STAFF IN MICHIGAN | DUES |
|---|-----------|
| 1 | \$ 550.00 |
| 2-5 | 850.00 |
| 6-10 | 1,150.00 |
| 11-15 | 1,450.00 |
| Over 15 | 2,050.00 |

Signature by your facility's President/CEO below indicates your organization's agreement to abide by the MOPA Articles of Incorporation and the By-Laws of the Association, along with such new rules and regulations as may, from time to time, be adopted by the Board of Directors.

OWNER, PRESIDENT, CEO, DIRECTOR: (List Your Title Below)

Your signature below authorizes submission of this membership application and appointment of your facility's representative.

Name

Title

Signature

Date

Michigan Orthotics and Prosthetics Association

Facility Name:

List all of Your Practitioners

Certified Prosthetist/ Orthotist / CPO

Certification #

Certified Prosthetist / CP

Certification #

Certified Orthotist /CO

Certification #

Certified Pedorthists / C-Ped

Certification #

Michigan Orthotics and Prosthetics Association

Facility Name:

List all of Your Practitioners

Certified Fitter Orthotics /CFo

Certification #

Certified Fitter Mastectomy/ CFm

Certification #

Certified Fitter Therapeutic Shoes/CFts

Certification #

Michigan Orthotics and Prosthetics Association

BRANCH/SATELLITE FACILITIES

Name of Branch/Satellite: _____

Mailing Address: _____
Street

City State Zip Code

Telephone Number: ____ (____) _____

Service provided at this location: • Orthotics • Prosthetics • Breast Prosthetics • DME • Other _____

Is there an ABC practitioner for Orthotics: • YES • NO Prosthetics: • YES • NO

Name of Branch/Satellite: _____

Mailing Address: _____
Street

City State Zip Code

Telephone Number: ____ (____) _____

Services provided at this location: • Orthotics • Prosthetics • Breast Prosthetics • DME • Other _____

Is there an ABC practitioner for Orthotics: • YES • NO Prosthetics • YES • NO

Name of Branch/Satellite: _____

Mailing Address: _____
Street

City State Zip Code

Telephone Number: ____ (____) _____

Services provided at this location: • Orthotics • Prosthetics • Breast Prosthetics • DME • Other _____

Is there an ABC practitioner for Orthotics: • YES • NO Prosthetics • YES • NO

Name of Branch/Satellite: _____

Mailing Address: _____
Street

City State Zip Code

Telephone Number: ____ (____) _____

Services provided at this location: • Orthotics • Prosthetics • Breast Prosthetics • DME • Other _____

Is there an ABC practitioner for Orthotics: • YES • NO Prosthetics • YES • NO

Michigan Orthotics and Prosthetics Association

APPLICATION FOR MEMBERSHIP

FROM

FACILITY NAME

Board of Directors

| | | | |
|---------------------------------------|--|--|--|
| <u>Nathan Kapa, CP / President</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Greg Greenway, CP/ Vice-President</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Chris Fairman, CPO / Treasurer</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Jeffery Wensman, CPO</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Todd Stone, CPO / Secretary</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Timothy Piggott</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Jeff Ropp, CP</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Josh Ahlstrom, CPO</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Corey Smith CP, COA</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

VOTES FOR APPROVAL: _____
VOTES FOR REJECTION: _____
DIRECTORS NOT VOTING: _____

(For Office Use Only)

APPLICATION FOR MEMBERSHIP APPROVED BY BOARD DIRECTORS: YES NO

DATE MEMBERSHIP APPROVED/DISAPPROVED: ____/____/____