



2024 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

I would like to make an additional donation to support the POPS.

\$2,000 \$1,000 \$500 Other Amount \$ _____

Please make your check payable to POPS or pay online via our PayPal Donate link on our website.

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