Pennsylvania Orthotic Prosthetic Society

2025 Membership

Membership Levels

☐ 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 _____

Return form to amoss@unionop.com or fax to 412-325-2650 and mail check to POPS, Attn: Ann Moss, 3424 Liberty Avenue, Pittsburgh, PA 15201
or Pay online by clicking the Donate Now link at the bottom of the main page of our website POPS.bz