

Wisconsin Society of Orthotists, Prosthetists and Pedorthists

2011 Membership Application

\*\*\*Membership explanation on reverse side

- |   | <u>Dues</u> | <u>Enclosed</u> |
|---|-------------|-----------------|
| <ul style="list-style-type: none"> <li>• <b><u>Corporate Member</u></b> (one designated member per company):</li> </ul> | \$500       | _____           |
| Company name _____<br>Designated representative _____   |             |                 |
| <ul style="list-style-type: none"> <li>• <b><u>Practitioner Member</u></b>:</li> </ul>                                  | \$50.       | _____           |
| Practitioner name _____   |             |                 |
| check one:   __CPed      __BOCO      __BOCP<br>__CP        __CO        __CPO  |             |                 |
| Certification # _____   |             |                 |
| <ul style="list-style-type: none"> <li>• <b><u>Supplier Member</u></b> (non-voting):</li> </ul>                         | \$500.      | _____           |
| Company name _____<br>Designated representative _____   |             |                 |
| <ul style="list-style-type: none"> <li>• <b><u>Affiliate Member</u></b> (non-voting):</li> </ul>                        | \$35.       | _____           |
| Name _____  |             |                 |

**Mailing address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone (day) \_\_\_\_\_

Phone (evening) \_\_\_\_\_

Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Please make payment to: WSOPP**

**Return with form to:**

**WSOPP**  
**ATTN: Andrea Pavlik**  
**1344 North Taylor Drive**  
**Sheboygan, WI 53081**

**Questions: (920) 803-9610**  
**Andrea.Pavlik@physiocorp.com**

## **ARTIVLE IV**

### **Membership**

#### **A. Full/ Voting Member:**

A Full/ Voting Member may be:

1. Any individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., the Board for Orthotics/ Prosthetic Certification, Inc., or Pedorthic Board for Certification in Pedorthics, inc; or
2. Any firm, corporation or entity whose primary function is to provide in-house custom orthotic, prosthetic or pedorthic service or is primarily engaged in the designing, fabrication and fitting of custom orthotic, prosthetic or pedorthic devices by an individual certified by an organization listed in article IV A1 above.
3. Each Full/ voting Member shall be entitled to one (1) vote on any matter requiring a vote by the members.

#### **B. Affiliate/ Non-Voting Member:**

An Affiliate/ Non-Voting Member may be:

1. Any individual, firm, corporation or entity who has some affiliation with the orthotic, prosthetic or pedorthic fields.
2. Each Affiliate/ Non-Voting member shall be entitled to attend member meetings and shall have such other privileges as may be granted by the Board of Directors but shall not be entitled to vote n any matter requiring a vote by the members.

#### **C. Procedure for Admitting Members:**

All applications for membership shall be submitted to the Secretary who shall determine if the applicant is eligible in accordance with these by-laws to be a Full/ Voting Member or Affiliate/ Non-Voting Member.

If the Secretary is unable to determine if an applicant is eligible for membership, or the classification of membership as Full/ Voting or Affiliate/ Non-voting, the Secretary shall refer the application to the Board of Directors, which shall determine by a majority vote the eligibility and or classification of membership.

#### **D. Duration of Membership:**

Membership in this Society may terminate by voluntary withdrawal, or as otherwise provided in these by-laws. All rights and privileges of a member in the Society shall cease upon termination of membership. Membership shall be non-transferable.