

## Membership Application

**Name**

**Title**

**E-mail Address**

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- Membership Category**
- Regular Company Membership \$300.00 per year
  - Associate Membership \$85.00 per year
  - Regular Individual Membership \$210.00 per year
  - Medical/Affiliate Membership \$100.00 per year
  - Student Membership \$135.00 per year
  - Vendor/Manufacturer Membership \$750.00 per year
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**Business/Facility Name**

**Street Address**

**City**

**State**

**Zip**

**Phone**

**Fax**

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- Product Categories Provided in Your Practice**  
(check all that apply)
- Adult Footwear
  - Pediatric Footwear
  - Custom Footwear
  - Foot Orthoses
  - Shoe Modifications
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- Type of Facility**  
(check the one category that best describes your practice setting)
- Pedorthic facility exclusively
  - Orthotic/prosthetic facility
  - Traditional/Comfort Shoe store
  - Physician's office

- Hospital/clinic
  - University
  - Shoe repair shop
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Enclosed is my check made payable in U.S. funds to the Pedorthic Footwear Association. (If paying by check, print this form and mail it to PFA at the address below.)

**Promotion Code**

**Amount**

Charge to:  MasterCard  VISA Other

**Card #**

**Expiration Date**

**Cardholder Name**

**NOTE:**  
Payments to PFA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be partially deductible under other provisions of the Internal Revenue Code. Twenty percent

(20%) of annual membership dues is earmarked for government activities, which may include lobbying and thus is non-deductible.

**Print this form and return it with payment to:**  
**Pedorthic Footwear Association**  
2025 M St., NW, Suite 800  
Washington, DC 20036  
or FAX it to (202) 367-2145.