

OREGON PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

2017 MEMBERSHIP APPLICATION

APPLICANT INFORMATION:

Clinic Name _____

Clinic Owner(s) Name(s): _____

Street Address _____

City, State, Zip _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: * _____

Business/Office Manager's Name: _____

Business/Office Manager's Email: _____

* Email correspondence will be sent to this email address unless otherwise indicated. If you'd like email correspondence to also go to your business/office manager, PLEASE CHECK THIS BOX:

Satellite Clinic Locations (ADDITIONAL \$50 per SATELLITE CLINIC):

Clinic Name _____

Street Address _____

City, State, Zip _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

Directory preference: Snail Mail
 Email
 I'll download the .pdf myself

Areas of interest or issues you would like to see OPTIP address this year:

**TO BE LISTED IN THE 2017 DIRECTORY, PLEASE RETURN THIS FORM WITH YOUR CHECK BY
JANUARY 31, 2017**

FEES:	Physical Therapy Clinic: ONE OWNER/MANAGER	\$ 350.00
	Each ADDITIONAL PHYSICAL THERAPIST or Owner	\$ 100.00
	Each SATELLITE CLINIC per Location	\$ 50.00
	Self-Employed Physical Therapist (not a clinic owner/manager)	\$ 125.00

MAKE YOUR CHECK PAYABLE TO OPTIP & MAIL TO:

OPTIP
c/o Diana Godwin
1500 NE Irving, Suite 430
Portland, OR 97232

Questions? Contact Diana at (503) 224-0019 or via e-mail: dianagodwin@earthlink.net