



# Association of Technical Personnel in Ophthalmology

## ATPO GROUP MEMBERSHIP

ATPO Group Membership is available to three (3) or more persons employed with the same clinic/organization. The pricing is **\$65.00/person**.

Clinic/Organization Name: \_\_\_\_\_

Clinic/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Method of Payment:  Check Payable to ATPO (one check must be submitted with each group membership)

VISA  MasterCard  Discover  American Express

Credit Card #: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security (SVC) Code (on back of credit card): \_\_\_\_\_

Name of Cardholder (please print): \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**All ATPO correspondence will be mailed to the clinic address above.**

List names of members

*(First name – Middle Initial – Last name).*

*JCAHPO ID# (If known)*

1.	
2.	
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All membership information is kept confidential. ATPO dues are not deductible as a charitable contribution for federal tax purposes; however, dues may be deducted as ordinary and necessary business expenses under Section 162 of the internal revenue Code. Membership is valid for one year from the date dues are received.

**Mail to: ATPO, 2025 Woodlane Drive, St. Paul, MN 55125-2998**

**Fax to: (651) 731-0410**