



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. Check must be drawn on a US bank. (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.**

**New Members must also submit a completed individual membership form with preferred address, phone, fax, and e-mail information.**

### List names of members

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

*JCAHPO ID# (If known)*

1.	
2.	
3.	
4.	
5.	
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10.	

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. Dues are non-refundable.

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

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

**SUBMIT**