

OREGON PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

David Standifer, PT
President

George Eischen, PT
Vice-President

Steven Zerkel, PT
Secretary-Treasurer

Diana Godwin
Legal Counsel

2009-2010 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 provide that information as well.*

Additional (Satellite) Clinic Location(s):

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 2009-10 DIRECTORY, YOU MUST RETURN THIS FORM WITH YOUR CHECK BY JULY 1, 2009

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:

Diana Godwin
1500 NE Irving, Suite 370
Portland, OR 97232

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