



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).

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
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, 446 East High Street, Suite 10, Lexington, KY 40507

Fax to: (859) 271-0607