



**PRESCRIPTION FOOT ORTHOTIC
LABORATORY ASSOCIATION**

PFOLA International Office
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APPLICATION FOR MEMBERSHIP

Membership in the Association shall be granted to all firms, partnerships and corporations whose primary business is to operate a prescription foot orthotic laboratory which (i) receives volumetric impressions, casts or optically scanned volumetric images of the foot, accompanied by a prescription order form signed by a licensed professional and medical diagnosis, and (ii) performs significant modifications to such impression, cast, or image prior to manufacture.

Corporate Name _____

Corporate Contact _____ Title _____

Address _____ City _____

State/Prov _____ Zip/Postal Code _____ Country _____

Telephone # _____ Fax # _____ Email _____

Website _____ Year Company Established _____

1. Are the majority of all foot orthotic devices which you produce ordered by prescription?
() Yes () No
2. Are the prescription orders accompanied by a volumetric cast, impression or an optically scanned volumetric image of the foot?
() Yes () No
3. Are the prescription orders placed by a licensed professional?
() Yes () No
4. Do the prescription order forms provide for a medical diagnosis?
() Yes () No
5. Are significant modifications to the cast, impression or image made to prescription orders prior to manufacture of the orthotic devices?
() Yes () No

I attest that the above information is correct, and I understand that any falsification thereof may result in my membership in the Association being revoked. I further represent that my company will abide by the by-laws and any rules or practices of the Association.

Representative's Signature _____ Date _____

Annual dues are USD \$500* for the period January 1st to December 31st. *Fees are prorated at \$41.67 per month if joining after January 1st.

Payment Option: My cheque payable to **PFOLA** is enclosed (*US Dollars*).

I would prefer to use my VISA/MasterCard # _____ Expiry Date _____

Cardholder Name _____

Signature _____

FOR OFFICE USE
() Board Approved () Board Declined

Date Processed _____
\$ _____ () VISA / MC / CK # _____

Please forward to the PFOLA ADMINISTRATION OFFICE for processing.