

## Opticians Association of Michigan Membership Application

Name _____ Company _____ Business Add. _____ City, State, Zip _____ County _____ Business Phone _____ Business Fax _____ Home Address _____ City, State, Zip _____ Home Phone _____ E-mail Address _____ Website _____ Dispensing Experience _____ Education _____ _____ _____	<p><b>Please Check All That Apply:</b></p> <input type="checkbox"/> ABO Certified <input type="checkbox"/> ABO Master Certified <input type="checkbox"/> OAA Individual <input type="checkbox"/> FNAO <input type="checkbox"/> OAA Firm Member <input type="checkbox"/> NCLE Certified <input type="checkbox"/> FOAA	<p><b>Select the Appropriate Category:</b></p> <input type="checkbox"/> Regular Member Dispensing Opticians Dues \$99 Annually Must have practiced ophthalmic dispensing for a minimum or five (5) years or have satisfactorily completed a 2-year course of study in a school for ophthalmic dispensers and a 1-year internship.
	Licensed in these states: _____  Number of Years Dispensing: _____  An initiation fee of \$25 must accompany this application. Dues may be paid in installments. Please send checks to: Opticians Association of Michigan, 1940 Theresa Ave., DeWitt, MI 48820  Please sign your name below to verify that all information provided above is accurate. By signing your name below, you acknowledge that you have met the requirements for the member classification you have chosen above and that you agree to pay the appropriate dues for your membership.  _____ <div style="text-align: center;">Signature</div>	<input type="checkbox"/> Industry Member Manufacturing Opticians Dues \$99 Annually Engages in or provides services related to the fabrication of ophthalmic lenses or other services related to meeting the needs of dispensing opticians.  <input type="checkbox"/> Associate Member Dues \$75 Annually A student or apprentice receiving training or instruction in ophthalmic dispensing.  <input type="checkbox"/> Patron Member Dues \$50 Annually A non-dispensing supporter of the practice of opticianry.

**TO PAY BY CREDIT CARD (VISA/MC—DISC—AMEX)**

**FAX TO: 810-227-2490**

**Amount of Dues from above list     \$**

\_\_\_\_\_  
Name on Card

**Initiation Fee     \$ 25.00**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp.Date

**Total Amount Due     \$**

\_\_\_\_\_  
Signature

**To pay by check, send appropriate amount to: Opticians Association of Michigan, 1940 Theresa Avenue, DeWitt, MI 48820**

**Questions: call 877-297-1668 or visit [www.theoam.org](http://www.theoam.org)**

