

Opticians Association of Michigan Membership Application

<p>Name _____</p> <p>Company _____</p> <p>Business Add. _____</p> <p>City, State, Zip _____</p> <p>County _____</p> <p>Business Phone _____</p> <p>Business Fax _____</p> <p>Home Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone _____</p> <p>E-mail Address _____</p> <p>Website _____</p> <p>Dispensing Experience _____</p> <p>Education _____</p> <p>_____</p>	<p>Please Check All That Apply:</p> <p><input type="checkbox"/> ABO Certified</p> <p><input type="checkbox"/> ABO Master Certified</p> <p><input type="checkbox"/> OAA Individual</p> <p><input type="checkbox"/> FNAO</p> <p><input type="checkbox"/> OAA Firm Member</p> <p><input type="checkbox"/> NCLE Certified</p> <p><input type="checkbox"/> FOAA</p> <p>Licensed in these states: _____</p> <p>Number of Years Dispensing: _____</p> <p>Dues may be paid in installments. Please send checks to: Opticians Association of Michigan, 1940 Theresa Ave., DeWitt, MI 48820</p> <p>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.</p> <p>_____</p> <p style="text-align: center;">Signature</p>	<p>Select the Appropriate Category:</p> <p><input type="checkbox"/> Regular Member Dispensing Optician Dues \$99 Annually Must have practiced ophthalmic dispensing for a minimum of five (5) years or have satisfactorily completed a 2-year course of study in a school for ophthalmic dispensers and a 1-year internship.</p> <p><input type="checkbox"/> Industry Member Manufacturing Optician 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.</p> <p><input type="checkbox"/> Associate Member Dues \$75 Annually A student or apprentice receiving training or instruction in ophthalmic dispensing.</p> <p><input type="checkbox"/> Patron Member Dues \$50 Annually A non-dispensing supporter of the practice of opticianry.</p>
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TO PAY BY CREDIT CARD (VISA/MC—DISC—AMEX)

FAX TO: 517-515-7880

Amount of Dues from above list \$

Name on Card

Total Amount Due \$

Credit Card Number Exp.Date

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