

OPTICIANS ASSOCIATION OF ILLINOIS

Membership Application

PO Box 9283 - Peoria, Illinois 61612

1.800.437.4476

Email info@illinoisopticians.com http://www.illinoisopticians.com

PLEASE PRINT NAME EXACTLY AS YOU WANT IT TO APPEAR ON MEMBERSHIP CERTIFICATE (Do not forget your credentials)

Name _____ Application Date _____
Address _____
City _____ State _____ Zip _____ Direct Mail to: Home or Office
Phone (____) _____ Cell (____) _____ Date of Birth ____/____/____
Email _____ Do you want to be listed on our Website - Yes No

Company Name _____
Address _____ Length of Employment _____
City _____ State _____ Zip _____
Work Phone _____ Fax _____
Employed by: Self _____ MD _____ OD _____ LAB _____ OPTICIAN _____ RETAIL _____ OTHER _____

Professional Certification:

ABO # _____ Expiration date _____
ABOA # _____ Expiration date _____
ABOM # _____ Expiration date _____
NCLC# _____ Expiration date _____
CPOA # _____ Expiration date _____
STATE/LICENSE # _____ Expiration date _____
JCAHPO # _____ Expiration date _____

Professional Affiliations: Circle all that apply

OAA _____ NAO _____ CLSA _____ FHOAA _____ Other _____
Education Level: High School _____ Associate _____ Bachelor's _____ Other _____

In submitting this application, I agree to abide by the bylaws of the association and adhere to the Code of Ethics. I also understand that the Board of Directors of the Opticians Association of Illinois will approve all applications.

Applicants Signature _____

Membership Applied For:

New Member _____ Renewal _____

Regular _____ \$100.00

Any person ABO/NCLC certified and/or Optician State License and/or has dispensed for at least three years.

Associate _____ \$50.00

Any person who does not qualify for regular membership and has dispensed for less than three years.

Patron _____ \$100.00

Any organization supporting the Principals of the Association.

Credit Card Information

Card Number: _____ Card Type: (Circle one) VISA MASTER CARD DISCOVER

3 Digit Security Code: _____ Exp. Date: _____

Name as it appears on card _____

Card Holder Signature _____

Mail completed application to the above address. If you have any questions call 800-437-4476