



OPTICIANS ASSOCIATION OF COLORADO

Membership Application

Name Date

Address City State Zip

Certifications ABOC NCLC

Title/Position Home Phone

Firm Name/Employer Business Phone

Business Address Fax Number

City State Zip

Email Address: _____

Please check the one category that best describes your business/professional activity:

<input type="checkbox"/> SELF EMPLOYED OWNER	<input type="checkbox"/> EMPLOYEE CHAIN	<input type="checkbox"/> EMPLOYEE OF HMO
<input type="checkbox"/> EMPLOYEE OF INDEPENDENT OPTICIAN	<input type="checkbox"/> EMPLOYEE OF OPTOMETRIST	<input type="checkbox"/> EMPLOYEE OF MD
<input type="checkbox"/> FRANCHISE OWNER/EMPLOYEE	<input type="checkbox"/> VENDOR/WHOLESALER	<input type="checkbox"/> OTHER _____

2011 DUES: \$65.00 (\$40 for Associate Member)

Amount Enclosed _____

Charge Visa/MasterCard Number _____ Exp Date _____

Signature _____ Date _____

Please mail and make checks payable to: Opticians Association of Colorado
 Attn: Amy Munnell
 4400 S. Quebec St. P-106
 Denver, CO 80237