



Opticians Association of Oregon

1015 South Fir Court

Canby, OR 97013

503-263-5060

2010 Membership Application (effective through December 31, 2010)

PLEASE PRINT LEGIBLY

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL: _____

Phone: _____ Cell Phone: _____

ABO Certified? Y N ABO Certification #: _____

Other certificates Held: _____ Certification # _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please indicate membership type

ASSOCIATE MEMBER \$30.00
(Student or Trade Rep)

CERTIFIED MEMBER \$80.00
(ABO certified)

NON CERTIFIED MEMBER \$80.00

AMOUNT ENCLOSED: \$_____ Make checks payable to :

OAO

1015 South Fir Court

Canby, OR 97013



I understand and agree that if accepted for membership in the OAO, I will abide by the constitution and bylaws. SIGNATURE OF APPLICANT _____ DATE: _____