

OPTICIANS ASSOCIATION OF NEW MEXICO

New Membership

Renewal Membership

Please Check One

Name: _____	Date: _____
Company: _____	
Preferred Mailing address: _____	
City: _____	Zip code _____
This address is my ____ home ____ employer	
Daytime Phone: _____	Fax: _____
E-mail: _____	
ABO Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>	NCLE Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>
ABO# _____	NCLE# _____
Other Certifications: _____	
Certification Number(s): _____	

Yes, I accept your invitation to become a member of OANM.

Signature: _____

Firm Membership annual dues are \$125.00.

The annual fee is good for October 1st 2009 through September 30th 2010.

All checks or money orders must be made payable to the Opticians Association of New Mexico (OANM).

Enclosed is my check / money order for \$ _____

Check / Money Order number: _____

Please mail all payments to:

Opticians Association of New Mexico, Inc.
6000 Montano Plaza Drive N.W. #4A
Albuquerque, N.M. 87120
Phone number: (505) 228-5046

You may make copies of the membership application to give to other opticians who do not have this information.