

# ***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 <input type="checkbox"/> home <input type="checkbox"/> 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: \_\_\_\_\_

**Individual annual dues are \$70.00.**

The annual fee is good for October 1st 2011 through September 30th 2012.

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 Pl Drive #4A NW  
Albuquerque, N.M. 87120  
Phone number: (505) 228-5046

**Membership includes free registration for 2011 OANM Annual Education Conference.**

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