



OPTICIANS ASSOCIATION OF GEORGIA

APPLICATION FOR MEMBERSHIP

2011

Check one: New Application Renewal

Check one: I dispense: Contacts Eyeglasses Both I do not dispense

PLEASE PRINT

Name _____ License # _____ Date _____

Home Address _____

City _____ State _____ Zip code _____

E-mail _____ Phone _____ Fax number _____

Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

Education: Degree _____ Major _____ College _____

Certifications: ABO NCLE Refractometry Other _____

Training and Experience _____

Please include me on the OAG Email Member Alert Information List (OAG EMAIL) to receive urgent information regarding legislation and issues that directly affect the profession of Opticianry: Yes No

(E-mail addresses will be used for OAG communication only: It will not be shared with other organizations or used for other purposes.)

Dues / Logo Items

Professional (\$125.00/one year) OAG Pins \$ 8.00
 Professional (\$225.00/two year) G-BAG \$22.00
 Associate (Non-License - \$50) OAG Ball Caps \$ 15.00
 New Licensed Optician (1st yr. n/c) Date Licensed Gray Blue
 Student Optician (n/c) College OAG Sweatshirt \$ 30.00
 OAG Shirt \$30.00 Shirt size S/M/L/XL/XXL
 Burgundy Gray Blue
 Add \$5.00 Shipping and handling fee per item

Total amount \$ _____ **(Make checks payable to OAG)**

Mail to:

OAG
P.O. Box 830036
Stone Mountain, GA 30083

Membership Year Is From January 1 Till December 31 of The Current Year

Credit – card # _____ - _____ - _____ - _____ Expires _____

MasterCard Visa Discover Card **3 digits on back of Card** _____

Signature _____

Phone: Jeannie Ethridge /Secretary 770-503-1010
