



OPTICIANS ASSOCIATION OF GEORGIA

APPLICATION FOR MEMBERSHIP

January 1, 2011 to December 31, 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

Professional (\$125.00/one year)

Professional (\$225.00/two year)

Associate (Non-License - \$50)

New Licensed Optician (1st yr. n/c) _____ Date Licensed _____

Student Optician (n/c) _____ College _____

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

Kat Clark – OAG Treasurer

OAG

P.O. BOX 868

Lithia Springs, GA 30122

Fax – 770-528-0305

email – oaglist@att.net

Credit – card # _____ - _____ - _____ expires mm/yyyy

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

Signature _____