



**OPTICIANS ASSOCIATION OF GEORGIA**

**APPLICATION FOR MEMBERSHIP 2012**

**Check one:**  New Application  Renewal

**Check one:** I dispense:  Contacts  Eyeglasses  Both

I do not dispense

**(PLEASE PRINT)**

Name \_\_\_\_\_ License # \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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 any other purposes.***

Company  
Name \_\_\_\_\_

Company  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Education:  
Degree \_\_\_\_\_ Major \_\_\_\_\_ College \_\_\_\_\_

Certifications: ABO  NCLE  Refractometry   
Other \_\_\_\_\_

Explain Your Training and Experience

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Dues:

- Professional (\$125.00/one year)
- Professional (\$225.00/two years)
- Associate (Non-License - \$50/one year)
- New LDO (1st year complimentary) Date Licensed \_\_\_\_\_
- Student Optician (complimentary) College \_\_\_\_\_

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

Mail to:

OAG  
P.O. Box 868  
Lithia Springs, GA 30122

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MasterCard     Visa     Discover Card

Credit – card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expires \_\_\_\_\_    **3 digits on back of Card** \_\_\_\_\_

Signature \_\_\_\_\_

Phone: 770-658-2020

Secure Fax: 770-528-0305



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