

Membership Application

Arizona Association of Dispensing Opticians

Member Information

Name: _____ Arizona License No.: _____
Address _____ Month of Birth: _____
City, State, Zip _____
Home Phone (____) _____
Cell Phone (____) _____
E-Mail: _____
(used solely for Eyewire use)

Help us keep our records current. Review your information listed above. Please make any necessary corrections or additions and submit with them with your payment.

Employer information

Employer name: _____
Employer address: _____
City, State, Zip: _____
Employer Phone: (____) _____
Employer Fax: (____) _____

FEES: (Please Circle One)

Regular Membership: (Licensed Optician) \$70.00
Associate Membership: (Non-Licensed Optician) \$50.00

Method of Payment

Make Checks payable to: **AADO** \$25.00 fee on all returned checks.

Credit Card: Please circle One Visa Mastercard
Card No. _____ Exp Date: _____

Security Code _____ **3 or 4 digits @ back of card**

Card Holder's Name (Please print) _____

Authorized Signature _____

Mail Renewal and Payment

Arizona Association of Dispensing Opticians
440 N. Alvernon Way, #101, Tucson, AZ 85711
Phone (520) 327-6215 / Fax (520) 327-0368
Website: www.aado.info
E-Mail: aado@qwestoffice.net

FOR OFFICE USE ONLY

Date Rcvd _____ Method of Payment _____ CC _____ Check No. _____
Receipt sent _____ Cert Sent _____
Pin # _____ Membership from _____ to _____