

# Membership Application

## Arizona Association of Dispensing Opticians

### Member Information

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

*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](http://www.aado.info)  
E-Mail: [aado@qwestoffice.net](mailto:aado@qwestoffice.net)

### FOR OFFICE USE ONLY

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