

Membership Renewal

Arizona Association of Dispensing Opticians

Membership expires: _____

Dues: _____

Member Information

Name: _____

Address _____

City, State, Zip _____

Home Phone (____) _____

Cell Phone (____) _____

E-Mail: _____

Arizona License No.: _____

Month of Birth: _____

(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: (____) _____

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

Donna Van Nostrand

FOR OFFICE USE ONLY

Date Rcvd _____ Method of Payment CC Check No. _____

Receipt sent _____ Cert Sent _____

Pin # _____ Membership from _____