

Membership Application

Arizona Association of Dispensing Opticians

Member Information

Name: _____
Address _____
City, State, Zip _____
Home Phone (_____) _____
Cell Phone (_____) _____
E-Mail: _____

Arizona License No.: _____
Month of Birth: _____
(used solely for Eyewire use)

You may also join online at
www.aado.info

FIRST YEAR FREE FOR NEW LICENSEES

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
3900 E. Timrod St., Tucson AZ 85711
Phone (520) 881-1778 / Fax (520) 322-6778
Website: www.aado.info
E-Mail: director@aado.info

FOR OFFICE USE ONLY

Date Rcvd _____ Method of Payment _____ CC _____ Check No. _____

Receipt sent _____ Cert Sent _____

Pin # _____ Membership from _____ to _____