

# OPTICIANS ASSOCIATION OF ARKANSAS

## ***MEMBERSHIP APPLICATION***



Opticians Association of Arkansas

Post Office Box 1

Lexa, Arkansas 72355

[www.aopticians.org](http://www.aopticians.org)

870-572-2847 FAX CELL 601-954-1278

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Name:

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Mailing Address:

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Phone Number:

Fax Number:

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Email Address:

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Business Name:

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Business Address:

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Business Phone Number:

Business Fax Number:

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Who do we thank for referring you to us?

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Membership dues of \$60.00 and a \$25.00 joining fee must accompany this form.  
Dues are due September 1 of each year.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_