



**OPTICIANS ASSOCIATION OF AMERICA
4064 E FIR HILL DRIVE
LAKELAND, TENNESSEE 38002**

Membership Application

**Established in 1926 as the Guild of Prescription Opticians,
OAA is the only national organization representing opticianry's business, professional, educational, legislative and regulatory interests.**

Under OAA's very broad umbrella, individuals providing eyeglasses or contact lenses to consumers, as well as owners / managers of retail optical firms, state optician societies and suppliers to professional optician find a common goal in Advancing America's Opticians.

OAA fosters, supports and sponsors programs of competency certification, licensing and continuing education for professional development.

NAME: _____

EMPLOYER/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

LICENSED IN STATE: _____ LICENSE # _____

ABO # _____ NCLE # _____

MEMBER OF A STATE SOCIETY YES NO

If you are State Licensed, ABO Certified, or NCLE Certified you are eligible to become an Honored Fellow. Your Fellow status demonstrates your commitment as an opticianry professional.

OAA Annual Dues

- Firm Dues—\$400 annually
- Student enrolled in 2-year school—\$25 annually
- Guild Firm —\$100 annually
(with Firm Membership)
- Honored Fellow—\$50 annually
(must also be an individual member)
- Individual—\$65 annually
- Honored Fellow/State Society—\$50 annually
(Dual membership-if you are a member of a
State Society)
- Retired Optician—\$25 annually
- Active Military—\$25 annually

Payment Options

- Enclosed is my check for the first year's dues in my chosen category
- Charge my credit card for my membership dues

American Express Discover MasterCard Visa

Card # _____ Exp.: _____ CVN# _____

Name on Card (please print) _____

Signature _____ Date _____

Mail Completed Application To:

OPTICIANS ASSOCIATION OF AMERICA

4064 E FIR HILL DRIVE • LAKELAND, TENNESSEE 38002 • FAX: 901.388.2348

I accept the invitation to become a member of the Opticians Association of America. Submitting this application to the Opticians Association of America certifies that I meet one of the following criteria: am employed as an Optician; am a retired Optician; a manufacturer/distributor; a firm owner; or a student in as two-year optical dispensing program. I certify that I am eligible for the membership category I have chosen.

Signature _____ Date _____