



STATE ASSOCIATION MEMBERSHIP APPLICATION

State Association Name: _____

Executive/President: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____ Fax: _____

Email: _____ Website: _____

Number of Members: _____

Does Your State Have Licensing Requirements: Yes No

OAA Annual Fees: \$25 Per Member of State Association

Payment Information:

Enclosed is my check, made payable to the Opticians Association of America in the total amount of:

\$ _____

Bill my credit card: AMEX MC Visa Discover

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVN # _____

Signature _____

I accept the invitation to become a member association of the Opticians Association of America on behalf of my State Association.

Signature: _____ Date: _____

Please mail or email the completed application along with your membership roster (OAA does not sell or distribute your roster to any organization that will use the roster for solicitation purposes) to:

Opticians Association of America • 4064 E Fir Hill Drive • Lakeland, TN • 38002 • oaa@oaa.org