

New Hampshire Opticians Society

New Member Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

DISPENSING EXPERIENCE & TRAINING: _____

CERTIFICATIONS:

ABO #: _____ NCLE #: _____ STATE LICENSE #: _____

OTHER RELATED CERTIFICATIONS AND MEMBERSHIPS: _____

TYPE OF MEMBERSHIP:

_____ **CERTIFIED** – ABO, NCLE, OR STATE LICENSED OPTICIAN

_____ **REGULAR** – RETAILED DISPENSING OPTICIAN, RESIDING AND/OR WORKING IN THE STATE OF NH

_____ **ASSOCIATE** – ANY OTHER PERSON CONCERNED WITH ADVANCING THE OBJECTIVES OF THIS ORGANIZATION

_____ **STUDENT** – ANY PERSON ENROLLED FULL-TIME IN AN OPHTHALMIC DISPENSING PROGRAM AT AN ACCREDITED SCHOOL

DUES:

INITIATION FEE: \$50.00

CERTIFIED / REGULAR: \$100.00

ASSOCIATE: \$50.00

STUDENT: \$35.00 (NO INITIATION FEE REQUIRED)

I have read and understand all of the preceding questions to this application, and I hereby warrant each of the preceding answers to be true. I do hereby agree to do all within my power to help promote the purpose of and beliefs of this organization, faithfully, in accordance with the By-laws, as outlined by this New Hampshire Opticians Society.

SIGNATURE: _____ DATE: _____

Application, along with \$50.00 initiation fee will be accepted at the first meeting following its receipt. The executive board will review the application at their next meeting and the applicant will be notified to attend the next quarterly meeting to be voted into the Society. The appropriate dues will be due at this time. If not voted in, the \$50.00 initiation fee will be refunded.

Please mail to: NH Opticians Society, ATTN: Sally Kreger, PO Box 8, Manchester NH 03105

Recommendations of the Committee:

DATE: _____