

**NEW HAMPSHIRE OPTICIANS SOCIETY
RENEWAL 2018 MEMBERSHIP**

Your 2018 membership is now due. As the Executive Board needs to maintain a current data base, it is important to take a few minutes to answer **ALL** the questions below.

NAME _____

PLACE OF BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE# **WORK** _____ **CELL** _____ **HOME** _____

EMAIL ADDRESS _____

MEMBERSHIP STATUS:	CERTIFIED	REGULAR	ASSOCIATE	STUDENT
DUES:	\$100.00	\$100.00	\$50.00	\$35.00

OPTICAL MEMBERSHIPS: **ABO CERT#** _____ **NCLE CERT#** _____

Do you have a valid license in any other state? _____ Where _____

Please mail your payment to:
NHOS c/o Sally Kreger
PO Box 8
Manchester NH 03105

10% DISCOUNT IF PAID BY NOVEMBER 1, 2017

PLEASE NOTE: CHECKS RECEIVED AFTER NOV 1ST MUST BE PAID AT THE REGULAR RATE NOT THE REDUCED RATE