



Membership Form

Indiana Opticians Association

Indiana Opticians Association
4326 Scatterfield Rd B275
Anderson, IN 46013

Email: inopticiansassoc@gmail.com

Make checks payable to:
Indiana Opticians Association

Please register with your personal email address. We want to keep in touch with you no matter where your optical career takes you!

Below please print your information and check all that apply.

Name: _____ Date: _____

Street: _____

City: _____ State: _____

Zip: _____ Email: _____

- | | |
|---|--|
| <input type="radio"/> New Membership \$99 | <input type="radio"/> Affiliate/Partner \$99 |
| <input type="radio"/> Membership Renewal \$99 | <input type="radio"/> Event Sponsor \$ _____ |
| <input type="radio"/> Student Membership \$50 | <input type="radio"/> Donor \$ _____ |
| Student discount code: _____ | <input type="radio"/> Sponsor \$ _____ |
| <input type="radio"/> Referred by: _____ | |

Office Use Only

Receipt Sent: _____	Check \$ _____
Received Date: _____	Check # _____
Membership From: ___/___/___ To: ___/___/___	_____

Online payments can be made with Zeffy.

Questions: Feel free to email us at:
inopticiansassoc@gmail.com