

OPTICIANS ASSOCIATION OF NEVADA

APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF MEMBERSHIP (Must renew Membership Yearly):

LICENSED MEMBER	_____	\$75.00
APPRENTICE MEMBER	_____	\$50.00
STUDENT/RETIRED MEMBER	_____	\$25.00
SPONCER SHIP	_____	\$150.00

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Please make checks payable to OAN

Mail to: OAN
P.O. Box 7204
Reno, NV 89510-7204

Questions: Lisa Stewart 775-843-6111