

## ASSOCIATE MEMBERSHIP annual membership: \$275

Available to individuals or companies doing business  
with optometric professionals and who are interested  
in the growth and development of the optometric industry

### contact information (please print or type)

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

### company resumé

Nature of Business \_\_\_\_\_

Length of Time in Business \_\_\_\_\_

Principal Market Area \_\_\_\_\_

Services Offered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title of Person Completing Form \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

### return to

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