



Opticians Association of Virginia

Membership Application

Active Membership is open to all Opticians licensed by the State of Virginia. Dues are \$125 for a 12-month membership. Please include a check made payable to the **Opticians Association of Virginia** and mail it to OAV, 14 N. 8th Street, Richmond, VA 23219. For instructions on paying by credit card see below.

Name: _____

Billing Address: _____

(Where all correspondence is sent)

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

E-mail: _____

VA Opticians License #: _____ Birthdate: (mm/dd) _____

Employer: _____ Check if address is same as billing address

Employer Address: _____

City: _____ State: _____ Zip: _____

Type of Employment:

- | | | |
|--------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Independent Owner | <input type="checkbox"/> Employee of Independent | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Employee of O.D. | <input type="checkbox"/> Employee of M.D. | <input type="checkbox"/> Employee of Chain |
| <input type="checkbox"/> Student/Intern | <input type="checkbox"/> Other _____ | |

- Type of Membership: Active \$125 Affiliate \$60
 Associate (Student/Intern) No Charge

Referred By: _____

I agree to abide by rules and conditions of membership as set forth in the By Laws of the Opticians Association of Virginia.

Signature: _____ Date signed: _____

Credit Card Payments

Print name that appears on card: _____

Card Number: _____ Expiration: _____

Signature: _____ CVV: _____ Billing Zip: _____