



**APPLICATION FOR NEW MEMBERSHIP**  
**OPTICIANS ASSOCIATION OF NEW JERSEY**

**224 W. State Street**  
**Trenton, New Jersey 08608**  
**Phone: (609) 695-0030 • FAX: (609) 394-7712**

- MEMBERSHIP DUES:**      **\$130**       **STUDENT MEMBER:**      **Free**  
 **FIRM MEMBER\*:**      **\$225**       **RETIRED MEMBER:**      **\$75**

*\* Required Membership Category For Optical Business Owners  
Fees are not deductible as charitable contributions for federal income tax purposes, but maybe deductible as a business expense.*

Please check preferred address:       Home       Business

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Presently Employed As: \_\_\_\_\_

Dispenser \_\_\_\_\_ years       Technician \_\_\_\_\_ years

Optical Schooling (if any): \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

NJ State License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I will be paying by:  Check (made payable to: **Opticians Association of New Jersey**)

Visa       MasterCard

Account #: \_\_\_\_\_ Code: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Billing Address (if different from above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In making application for membership in the Opticians Association of New Jersey, I agree to abide by the constitution, by-laws, and policies of the association.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_