



APPLICATION FOR NEW MEMBERSHIP
OPTICIANS ASSOCIATION OF NEW JERSEY
414 River View Plaza
Trenton, New Jersey 08611
Phone: (609) 695-0030 • FAX: (609) 393-9891

- 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: _____