



New Hampshire Opticians Society



New Member Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL: _____

Employer: _____

Employer Address: _____

Dispensing experience and training: _____

CERTIFICATIONS:

ABO# _____ NCLE # _____ State License # _____

Other related certifications or memberships: _____

TYPE OF MEMBERSHIP:

- _____ CERTIFIED – ABO, NCLE, OR State Licensed optician
- _____ REGULAR – Registered Dispensing Optician, living and/or working in the state of New Hampshire
- _____ ASSOCIATE – Any other person concerned with advancing the objectives if this organization
- _____ STUDENT – Anyone enrolled full-time in an ophthalmic dispensing program at an accredited school.

DUES:

- INITIATION FEE: \$50.00
- CERTIFIED/REGULAR \$100.00
- ASSOCIATE: \$50.00
- STUDENT: \$35.00 (No initiation fee required)

I have read and understand all of the preceding questions to this application, and hereby warrant each of the preceding answers to be true. I do hereby agree to do all within my power to help promote the purpose and beliefs of this organization, faithfully, in accordance with the by-laws, as outlined by the New Hampshire Opticians Society.

SIGNATURE: _____ Date: _____

Application, along with the \$50.00 initiation fee and membership fee are to be sent to the Executive Board for review. The applicant will be asked to attend the next Quarterly meeting to be voted in to the Society. If not accepted in to the Society the funds shall be returned to the applicant.

Please mail to: NH Opticians Society, ATTN: Sally Kreger, PO Box 8, Manchester NH 03105

Recommendation of the Committee:

Date: _____