



# **OPTICIANS ASSOCIATION OF NEW MEXICO**

New Membership

Renewal Membership

Please Check One

Name: _____	Date: _____
Company: _____	
Preferred Mailing address: _____	
City: _____	Zip code _____
This address is my ____home ____employer	
Daytime Phone: _____	Fax: _____
E-mail: _____	
ABO Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>	NCLE Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>
ABO# _____	NCLE# _____
Other Certifications: _____	
Certification Number(s): _____	

Yes, I accept your invitation to become a member of OANM.

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

### **Individual annual dues are \$75.00.**

The annual fee is good for October 1st 2018 through September 30th 2019.

All checks or money orders must be made payable to the Opticians Association of New Mexico (OANM).

**Enclosed is my check / money order for \$ \_\_\_\_\_**

**Check / Money Order number: \_\_\_\_\_**

Please mail all payments to:

Opticians Association of New Mexico, Inc.  
c/o Samuel Henderson  
10424 Calle Cordoba NW  
Albuquerque, NM 87114  
Phone number: (505) 228-5046

E-mail – samuel.henderson@bie.edu  
cc flybo.83@gmail.com

**Membership includes free registration for 2018 OANM Annual Education Conference.**

You may make copies of the membership application to give to other opticians who do not have this information.