



**Working Together to Advance Professional Opticianry Care
for the State of New Mexico**

Membership Form 2019

New Membership **Membership Renewal**
(Please Check One)

Membership includes free registration for 2019 OANM Annual Education Conference.

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

Name: _____ Date: _____
Company: _____
Preferred Mailing address: _____
City: _____ Zip code _____
This address is my ____home ____employer/business
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: _____

Enclosed is my check / money order for \$ _____

Check / Money Order number: _____

Individual annual dues are \$75.00.

The annual fee is valid for October 1st 2019
through September 30th 2020.

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

Please mail registration and payment to:

Opticians Association of New Mexico
Samuel Henderson, ABOC, NCLEC
Secretary/Treasurer
10424 Calle Cordoba NW
Albuquerque, N.M. 87114

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