



25TH

Opticians Association of New Mexico

New Membership Renewal Membership
(Please Check One)

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

This is my: <input type="checkbox"/> Home Address <input type="checkbox"/> Business/Employer Address

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 2017 through September 30th 2018.

Enclosed is my check / money order for \$ _____ Check / Money Order # _____

Please mail all payments to:

Opticians Association of New Mexico, Inc.
10424 Calle Cordoba NW
Albuquerque, N.M. 87114
Phone number: (505) 228-5046

Membership includes free registration for 2017 OANM Annual Education Conference.
You may make copies of the membership application to give to other opticians who do not have this information.