

**OPTICIAN ASSOCIATION OF ARKANSAS
MEMBERSHIP APPLICATION
POST OFFICE BOX 1
LEXA, ARKANSAS 72355
870-572-2847 CELL 601-954-1278**

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ **FAX NUMBER** _____

E-MAILADDRESS _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE NUMBER _____ **FAX NUMBER** _____

Who do we thank for referring you to us? _____

**Membership dues of \$60.00 and a \$25.00 joining fee must accompany this form.
Dues are due September 1 of each year.**

Applicant Signature _____ **Date** _____