



Opticians Association of Massachusetts

2010 Member Renewal/ New Member Application Form

Part A: Name as you would like it to appear on your 2010 membership certificate:

Please Print: _____

Part B: Member Status & License Number

Check one: and indicate your MA License #

___ I am a new member, MA License # _____

___ I am a 2009 OAM member and am renewing my membership, MA License # _____

Part C: Current Address & Phone Number Are you a Firm Owner? Yes No

Address _____

City/ Town: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Part D: Email Address: OAM will soon be using an internet communication system to send periodic email messages regarding educational events, national news and any important information. Please indicate your email address below:

E-Mail Address: _____

Part E: Payment = \$70 Annual Membership

_____ OAM Student Scholarship Donation (optional) \$ _____

Check method of payment if you wish to pay by credit card: ___ MC or ___ VISA

Credit card # _____ Exp _____

Billing Address if different from above: _____

_____ Payment By Check Enclosed, mail to: OAM PO Box 419 Medway, MA 02053