

OAK MEMBERSHIP FORM

JANUARY 1ST – DECEMBER 31ST

20_____ (place year here)

TO ENSURE YOU RECEIVE ALL OUR
CORRESPONDANCE - PLEASE PRINT
INFORMATION AND FILL OUT FORM COMPLETELY



Date: _____

Name: _____

Kentucky Opticians License/Apprentice License number: _____

Last 4 Digits of Social Security Number: _____ County of Residence: _____

Preferred Email _____

HOME INFORMATION – Mail will be sent to this address – please put in address where you want your mail sent

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

BUSINESS INFORMATION

Name of Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Are you authorized to buy goods for your company? Yes _____ No _____

Type of Membership (Check one that applies):

Membership after February 1st is considered a new membership NOT a renewal

ACTIVE LICENSED MEMBER: _____ NEW \$75.00 _____ RENEWAL \$55.00

APPRENTICE MEMBER: _____ NEW \$35.00 _____ RENEWAL \$25.00

OUT OF STATE MEMBER/VENDOR MEMBER: _____ NEW \$35.00 _____ RENEWAL \$25.00

You can renew/join with a credit card at www.opticiansky.com

Mail form and make check payable to:

OAK
P.O. Box 24214
Lexington, KY 40524-4214

For questions email us at: info@opticiansky.com

Our website at www.opticiansky.com
Or call: 859-273-6469



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For more information on the KOCPE please
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Office use only
Date paid _____

Card Number _____