

# 2018 MEMBERSHIP FORM

JANUARY 1<sup>ST</sup>, 2018 – DECEMBER 31<sup>ST</sup>, 2018

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

PLEASE WRITE LEGIBLY



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Are you licensed or Apprentice? \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

**New** Kentucky Opticians License/Apprentice License number: \_\_\_\_\_

**Legacy** Kentucky License/Apprentice number: \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_ County of Residence: \_\_\_\_\_

## 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 1<sup>st</sup> is considered a new membership NOT a renewal

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

Licensed and Apprentice Membership is the same price starting in 2018

You can renew/join with a credit card at [www.opticiansky.com](http://www.opticiansky.com) – Price is always \$75 on-line

Mail form and make check payable to:

OAK

P.O. Box 24214

Lexington, KY 40524-4214

For questions email us at: [info@opticiansky.com](mailto:info@opticiansky.com)

Our website at [www.opticiansky.com](http://www.opticiansky.com)

Or call: 859-273-6469



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Political Education  
(Personal checks only, to KOCPE)  
For more information on the KOCPE please  
check our website at [www.opticiansky.org](http://www.opticiansky.org)

Office use only  
Date paid \_\_\_\_\_

Card Number \_\_\_\_\_