



## MICHIGAN PARAOPTOMETRIC ASSOCIATION

### MEMBERSHIP APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

If any apply please circle: CPO CPOA CPOT ABO

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Member / Applicant Signature \_\_\_\_\_

You must be sponsored by a member of the Michigan Optometric Association:

Name of Sponsoring Doctor \_\_\_\_\_

Signature of Sponsoring Doctor \_\_\_\_\_

Please send check for the annual dues of \$45.00 per applicant payable to MICHIGAN PARAOPTOMETRIC ASSOCIATION and mail it with this form to:

MICHIGAN PARAOPTOMETRIC ASSOCIATION  
530 West Ionia Street Suite A  
Lansing, MI 48933

Questions can be directed to the MPA at 616 481 4629