

Membership Acceptance Form

Name: _____ **FL Licensed?** Yes No

Company: _____ **FL Board Certified?** Yes No

Address: _____ **DO** _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

POF has a NO SPAM policy. We will never sell our email list to anyone. We will only send updates and info that pertains to you and the profession.

Please check your local chapter:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pensacola | <input type="checkbox"/> Manasota | <input type="checkbox"/> Miami/Dade |
| <input type="checkbox"/> Jacksonville | <input type="checkbox"/> West Coast (Tampa Bay) | <input type="checkbox"/> Ft. Lauderdale |
| <input type="checkbox"/> Central (Orlando) | <input type="checkbox"/> Gulf Coast (SW Florida) | <input type="checkbox"/> Treasure Coast |
| <input type="checkbox"/> Space Coast | <input type="checkbox"/> Palm Beach | <input type="checkbox"/> Tallahassee |
| <input type="checkbox"/> Northcentral (G-ville/Ocala) | <input type="checkbox"/> Northwest (Panhandle) | <input type="checkbox"/> Out of State |

Acceptance for Membership as:

- | | |
|---|-------------------------|
| <input type="checkbox"/> Professional (Licensed Optician)..... | \$165 |
| <input type="checkbox"/> Gold Member (Five-year Professional Membership)..... | \$650 |
| <input type="checkbox"/> Future Optician (Apprentice/Student) Must be actively enrolled in Apprenti... School | \$45 |
| <input type="checkbox"/> Associate Member (ABO, NCLE, COA, COT, not FL licensed)..... | \$85 |
| <input type="checkbox"/> Affiliate (Supplier to members & not licensed)..... | \$75 |
| <input type="checkbox"/> Retired (FL licensed & over the age of 67, not working for pay. Available at renewal of Professional Membership only.) | \$65 <i>Code:</i> _____ |

Opticians for Better Vision:

- Optional Opticians for Better Vision Contribution..... \$52 or Other \$ _____

TOTAL \$ _____

Method of Payment:

- Check Enclosed (payable to POF)
- Please charge my credit card for the full amount.
- 3 Payment Option (**Professional Membership only**)
Please charge my credit card with 3 monthly billings. I understand that my card will be billed in three equal installments of \$55 each, now and again for the next two (2) months until the dues are paid.
- Visa Mastercard AmEx Discover

Cardholder's Name: _____ Expiration Date: _____

Card Number: _____ CVV: _____

Signature: _____

I agree to pay the total amount per the card issuer agreement.

Contributions to the Professional Opticians of Florida are not deductible as charitable contributions for federal income tax purposes. It is estimated that the portion of your current year's dues allocable to lobbying activities, and thus non-deductible, is 25%. Contributions made to EyePAC are not deductible for federal income tax purposes.

**Complete and Mail or FAX to: POF - Member Services
1947 Greenwood Drive
Tallahassee, FL 32303
Phone: 850-201-2622
Fax: 850-201-2625**

If you are already a member of POF, please pass this on to a friend!