

The South Carolina Association of Opticians Application for Membership

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

Employed by: _____ Position: _____

Business Address: _____

City: _____ State: _____ Zip: _____

(Check Type of Membership Applying for:

- Regular Membership (Licensed Opticians) Annual Dues \$100.00
 Apprentice Membership (Apprentice Opticians) Annual Dues \$100.00

I have read and answered all of the foregoing questions and, as part of the association, I do warrant each of the answers to be true. If elected to membership, I do hereby agree to do all within my powers to promote the purpose of the Association, to perform sincerely the duties of a member, to inform the association promptly of any change of address or occupation, and to practice faithfully with the CODE OF ETHICS and STANDARDS of the Association.

Signed: _____ Date: _____

Sponsor: _____

Please mail the application along with dues to:

Dan B. Gosnell
1946 Augusta St.
Greenville, SC 29605
(864) 233-4148 phone
(864) 233-3620 fax