



Low Vision Rehabilitation Section

Membership Application

Date: _____

MEMBER INFORMATION

Name: _____ License #: _____

E-mail*: _____
*(please provide an e-mail address that will reach you directly since communications will primarily be conducted this way)

SECTION MEMBERSHIP

I hereby apply for membership in the Low Vision Section of the California Optometric Association. If accepted, I will abide by its bylaws, support its objectives and pay the established annual dues. I understand that my membership is also contingent on remaining a member in good standing with the California Optometric Association.

Membership Dues: \$50 provides membership in the Low Vision Rehabilitation Section for one calendar year, January through December. It is not refundable or transferable.

*Students receive free membership with LVRS, however they must be a student member of COA

PAYMENT METHOD

- Check (please enclose and make payable to California Optometric Association)
- Credit Card: Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____

LOW VISION SECTION
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