

Maine Paraoptometric Association * 2017 Membership Application

Name _____

Employing Doctor _____ Office Phone _____

Business Address _____

Home
Address _____ @ _____

Email Address _____ Home or Cell # _____

New Member _____ Years employed as a Paraoptometric _____

Current Certifications Held _____

Signature of Applicant _____

I am interested in the following committees (please circle)

Awards Education Membership Executive Board

Please send this application along with \$50 annual dues to the MPA Secretary/Treasurer:

Please send this form and payment to:

Sally J. Greeley, CPOT, ABOC, NCLEC

c/o Smart EyeCare Center

210 Maine Avenue

Farmingdale, ME 04344

[Tel:207-582-0036](tel:207-582-0036)

Sgreeley@smarteyecare.com

***REGISTRATION RUNS FROM JANUARY 2017 THRU DECEMBER 2017 ***