



DELAWARE PARAOPTOMETRIC ASSOCIATION

Application for Membership

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____

Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Phone () _____ Fax() _____ Email _____

Certification: None ___ ABO ___ CPO ___ CPOA ___ CPOT ___

Applicant Signature _____ Date _____

You must be sponsored by a member of the Delaware Optometric Association/AOA

Name of Sponsoring Doctor _____

Signature of Sponsoring Doctor _____

Which committee would you be interested in serving on?

___ Community Involvement

___ Continuing Education

___ Newsletter

___ Membership

The Delaware Paraoptometric Association is a section of the Delaware Optometric Association. Please enclose a check for \$35.00 per applicant payable to the Delaware Optometric Association and mail this form to:

Delaware Paraoptometric Association
C/O Holly Zakrociemski, CPOT
142 Atlantic Avenue
Millville, DE 19967