Association of Technical Personnel in Ophthalmology

Please PRINT clearly ☐ Mr. ☐Ms. ☐Mrs.
First Name _____Middle Initial _____ Last Name _____

Certification ☐ COA ☐ COT ☐ COMT ☐ ROUB ☐ CDOS ☐ Other_____

If JCAHPO Certified, ID# _____ Date of Birth _____/ _____/ _____

Preferred Mailing Address: ☐ Home ☐ Work
Home Address _____City _____ State _____ ZIP _____

Telephone _____ Fax _____

E-mail _____

Business Name _____ ☐ I do not currently work in ophthalmology

Address _____City_____ State _____ ZIP _____

Position _____ I have been in my current position since_____

Telephone _____ Fax _____

E-mail _____

☐ I am interested in volunteering on a committee. Please contact me.

Membership Category (Dues are non-refundable.)

☐ Regular Member 1 year/$75.00 ☐ 3 years/$175.00 ☐ Joint CSOMP/ATPO Membership 1 year/$75.00
(Canadian Society of Ophthalmic Medical Personnel)

☐ Student Member* 1 year/$20.00
*Student Members please fill out information below.

**Program/School*_____

Graduation Year 20_____**Program Director's Name*_____

Program Director's Signature _____

Annual Fund
My gift to advance ATPO activities:

☐$5.00 ☐$15.00 ☐$25.00 ☐Other $ _____ TOTAL Amount Due $ _____

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☐ Check (Payable to ATPO. Checks must be drawn on a US bank.) ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express
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DISCLAIMER: ATPO dues are not deductible as a charitable contribution for federal tax purposes; however, dues may be deducted as ordinary and necessary business expenses under Section 162 of the Internal Revenue Code. Membership is for one year from the date dues are received.

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