



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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Credit Card # _____

Expiration Date ____/____/____ Security (SVC) Code (found either on front or back of card) _____

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To send this form online, download the form to your computer. When you have completed filling in the form, press the submit button.

SUBMIT

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.