



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 _____

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Address _____ City _____ State _____ ZIP _____

Position _____ I have been in my current position since _____

Telephone _____ Fax _____

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

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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.