



## Wisconsin Paraoptometric Association 2019 Membership Application

New Member Application

Renewal Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Certification: \_\_\_\_\_

Office Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address for Correspondence  Check box if same as above

\_\_\_\_\_

\_\_\_\_\_

Email address you would like us to use for correspondence: \_\_\_\_\_

2019 WPA Membership Dues \$60.00

**To pay via check: Please make check payable to Wisconsin Paraoptometric Association**

**Mail completed membership application and payment to:**

**Julie Steeb**

**8311 Heron Road**

**Lake Tomahawk, WI 54539**

**To pay via Credit Card: Provide an email address you would like an invoice sent to. DO NOT provide your credit card information on this application. A digital invoice will be sent to pay online. An accurate email address must be provided. Fax completed membership application to 608-849-4042.**

*Payment to the Wisconsin Paraoptometric Association is not deductible on charitable contributions for Federal Income Tax purposes. However, contributions may be deductible under other provisions of the Internal Revenue Codes.*