



Wisconsin Paraoptometric Association 2020 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: _____

2020 WPA Membership Dues \$60.00

To pay via check:
Mail membership application with check payable to Wisconsin Paraoptometric Association
Julie Steeb
8311 Heron Road
Lake Tomahawk, WI 54539

To pay via Credit Card:
Fax membership application to 715-358-1046
Email address you would like invoice sent to:

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.