



## Wisconsin Paraoptometric Association 2022 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: \_\_\_\_\_

2022 WPA Early Bird Membership Dues \$50.00 March 31, 2022

**To pay via check:**  
Mail membership application with check payable to Wisconsin Paraoptometric Association

May Vision Center  
Attn: Modesta Montes  
330 N. Century Avenue  
Waunakee, WI 53597

**To pay via Credit Card:**  
Fax membership application to 608-8495177  
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.*