Opticians Association of Virginia
Advancing Virginia's Opticians

Membership Application

Active Membership is open to all Opticians licensed by the State of Virginia. Dues are $125 for a 12-month membership. Please include a check made payable to the **Opticians Association of Virginia** and mail it to OAV, P.O. Box 6544, Ashland, VA 23005. For instructions on paying by credit card see below.

Name: _____

Billing Address: _____
(Where all correspondence is sent)

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

E-mail: _____

VA Opticians License #: _____

Employer: _____ ☐ Check if address is same as billing address

Employer Address: _____

City: _____ State: _____ Zip: _____

Type of Employment:

☐ Independent Owner ☐ Employee of Independent ☐ Wholesaler
☐ Employee of O.D. ☐ Employee of M.D. ☐ Employee of Chain
☐ Student/Intern ☐ Other _____

Type of Membership:

☐ Active – Virginia Licensed Opticians - $125 ☐ Affiliate – out of state, unlicensed or partner - $80
☐ Associate – Student or Apprentice - No Charge Expected Graduation Year _____
Students – School Name _____
Apprentice – Representative name or sponsor _____

Referred By: _____

I agree to abide by rules and conditions of membership as set forth in the By Laws of the Opticians Association of Virginia.

Signature: _____ Date signed: _____

Credit Card Payments

Print name that appears on card: _____

Card Number: _____ Expiration: _____

Signature: _____ CVV: _____ Billing Zip: _____