

Washington Paraoptometric Section Membership Application

I hereby apply for membership in the Washington Paraoptometric Section (WPS) and associate membership in the Optometric Physician's of Washington (OPW). I agree to abide by the Articles of Agreement and Bylaws of the WPS and the Bylaws of the OPW.

Please Fill Out:

Name: _____

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____

E-Mail Address: _____

(Please include your email address so we can communicate information more efficiently)

Please Circle (circle the job that most resembles your position):

Technician/Assisting

Upfront/Billing/Office

Optical

Please let us know what you would like your membership money spent on.

Signature of Sponsoring OPW Physician: _____

Please mail registration form and check (\$45.00) payable to Washington Paraoptometric Section to the address below.

Cindy Crow
C/O Apple Valley Eye Center
1121 S 40th Ave.
Yakima, WA 98908