



ABN 67 094 321 758

Membership Application / Renewal Form

Personal Information

Name _____ Phone Work _____

Company _____ Phone Mobile _____

Address _____ Fax _____

City _____ Email _____

State _____ Post Code _____

*Full membership of ADOA is restricted to graduates of Certificate IV (or equivalent) in Optical Dispensing
Proof of qualification is required for new members*

Yearly Membership Options

Please Select Full Membership Optical Dispenser \$169

Student Membership \$44

Please Select Practice Owner / Optical Dispenser

Employed Optical Dispenser

Please Select New Member

Renewal

Payment

Cheque (Payable to "Australian Dispensing Opticians Association Limited")

Electronic Funds Transfer (EFT) BSB: 012-303 Account # 460178483

Australian Dispensing Opticians Association Limited
P.O. Box 5145 Old Toongabbie NSW 2146
ABN 67 094 321 758

Email: enquiries@adoa.com.au