



**ADOA**

# Membership Application

## Personal Information

First name \_\_\_\_\_ Last name \_\_\_\_\_ Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Post code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

## Yearly Membership Options

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

- Full Membership Optical Dispenser \$169       Optometrist \$169  
 Student Membership \$79       Optometry Student \$79  
 Other - Contact ADOA for other type of memberships that are available.

## Practitioner

- Practice Owner / Optical Dispenser  
 Employed Optical Dispenser

## Payments

- Electronic Funds Transfer (EFT) BSB: 012-303 Account No. 460178483  
 Credit Card (Go to [www.adoa.com.au/payments](http://www.adoa.com.au/payments))

### Proof of qualification is required

Please send your proof of qualification together with this application form.

**For Optical Dispensers** please upload your Optical Dispensing Qualification. **For student members,** please upload your current enrolment letter to the dispensing course from a recognised institution.

**Australian Dispensing Opticians Association Limited**

P.O. Box 5145 Old Toongabbie NSW 2146

ABN 67 094 321 758

Email: [adoa.ltd@outlook.com](mailto:adoa.ltd@outlook.com)

[www.adoa.com.au](http://www.adoa.com.au)