



ADOA

Membership Renewal

Personal Information

First name _____ Last name _____ Practice _____

Address _____

City _____ State _____ Post code _____

Phone _____ Mobile _____ Fax _____

Email address _____ Membership number _____

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)

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

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www.adoa.com.au