

APPLICATION FOR MEMBERSHIP ORTHOKERATOLOGY ACADEMY OF AMERICA

Date of application: _____ (items marked with * will be published on web)

Name of applicant* (Dr. / Mr. / Mrs. / Ms.): _____

Year of birth: _____ Sex: M F

Office address* _____

Preferred mailing address: (if different from above):

Office phone*: _____ FAX: _____

Home phone: _____ E-Mail*: _____

Office Web Page*: _____

Education: list all educational institutions attended beyond high school with degrees and year.

| Institution | Degree | Year |
|-------------|--------|------|
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Use back if necessary.

Signature of applicant

Membership - \$250.00 annually

Make check payable to: Orthokeratology Academy of America
Send to:
Orthokeratology Academy of America
c/o Cary Herzberg, O.D.
2853 East New York Ave. Suite B
Aurora, Illinois 60504