

# 2012 MEMBERSHIP FORM

JANUARY 1<sup>ST</sup>, 2012 – DECEMBER 31<sup>ST</sup>, 2012



TO ENSURE YOU RECEIVE ALL OUR  
CORRESPONDANCE - PLEASE PRINT  
INFORMATION AND FILL OUT FORM COMPLETELY

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Kentucky Opticians License/Apprentice License number: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

## BUSINESS INFORMATION

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

Business email: \_\_\_\_\_

Are you authorized to buy goods for your company? Yes \_\_\_\_\_ No \_\_\_\_\_

## HOME INFORMATION

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Personal Email: \_\_\_\_\_

I would prefer correspondence sent to my:  Home  Business

### Type of Membership (Check one that applies):

Membership after February 1<sup>st</sup> is considered a new membership NOT a renewal

ACTIVE LICENSED MEMBER: \_\_\_\_\_ NEW \$75.00 \_\_\_\_\_ RENEWAL \$55.00

APPRENTICE MEMBER: \_\_\_\_\_ NEW \$35.00 \_\_\_\_\_ RENEWAL \$25.00

OUT OF STATE MEMBER/VENDOR MEMBER: \_\_\_\_\_ NEW \$35.00 \_\_\_\_\_ RENEWAL \$25.00

Mail form and make check payable to:  
SDOK  
P.O. Box 24214  
Lexington, KY 40524-4214

For questions email us at: [gisdok@insightbb.com](mailto:gisdok@insightbb.com)  
Our website at [www.gisdok.com](http://www.gisdok.com)  
Or call: 859-273-6469

Please enclose a donation to the  
Kentucky Opticians Committee for  
Political Education  
(Personal checks only, to KOCPE)  
For more information on the KOCPE please  
check our website at [www.gisdok.com](http://www.gisdok.com)



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Office use only  
Date paid \_\_\_\_\_  
Card Number \_\_\_\_\_