

MEMBERSHIP FORM 2011

JANUARY 1ST, 2011 – DECEMBER 31ST, 2011

DO NOT FILL OUT IF YOU HAVE ALREADY JOINED FOR 2011

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



Date: _____

Name: _____

Kentucky Opticians License/Apprentice License number: _____

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 March 31st 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 call: 859-278-6469
Our website at www.gosdok.com
Or email: curtduff@insightbb.com

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.gosdok.com