

**EARLY BIRD SPECIAL - Pay by JULY 4 - Save \$25**



**Connecticut Opticians Association**

Annual Membership Application: JUNE 1, 2023 - MAY 31, 2024

*Dues are not prorated*

**Please Include Email Address**

Date \_\_\_\_\_  New  Renewal  Updated Information  There are NO CHANGES to my Information

Name \_\_\_\_\_

Home Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

I do not  
have email

Home Ph. \_\_\_\_\_ E-mail \_\_\_\_\_

Business Name \_\_\_\_\_

Business Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Business Phone \_\_\_\_\_ Business fax \_\_\_\_\_ E-mail \_\_\_\_\_

The C.O.A.is GREEN. We rely on electronic communication. To receive news of National interest, the latest Legislation updates, Continuing Education Bulletins and the COA newsletter, please include your email address.

<b>Membership Category</b> (explanation on back)	<b>Dues</b>	<b>GO GREEN</b> Apply/Renew Online: <a href="http://CTOpticians.com">CTOpticians.com</a>
Student - Free	Free	<b>Payment Option:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual Now & 12/1/21 <small>Dues must be PAID IN FULL before attending free continuing education credits offered through the COA</small>
Apprentice - Free	Free	
<input type="checkbox"/> Regular	\$250	<b>AMOUNT ENCLOSED \$</b> <input type="checkbox"/> Check <sup>1</sup> _____
<input type="checkbox"/> Fellow	\$250	
<input type="checkbox"/> Diplomat	\$250	
<input type="checkbox"/> Ambassador	\$250	
<input type="checkbox"/> Retired Member	\$150	
<input type="checkbox"/> Partner	\$200	

**Sponsored By:** (New Applicants Only) \_\_\_\_\_

Please charge to my credit card.  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS

Name on Card (Print) \_\_\_\_\_

Card No \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership dues must accompany this application. Please make checks payable to:

**CONNECTICUT OPTICIANS ASSOCIATION, Inc.**

For Further Information Contact:

Skip Rivard, Executive Director

E-mail: [CTOpt@aol.com](mailto:CTOpt@aol.com)

Phone 860.416.5128 • Fax 860.258.0669

Renew or Join ONLINE: [www.CTOpticians.com](http://www.CTOpticians.com)

Paid Membership includes all Continuing Education Credits offered by the COA

*Dues must be PAID IN FULL to attend FREE Super Sunday continuing education seminars*

Mail Completed Application to: COA • 34 Shunpike Road • Suite 3-165 • Cromwell, CT 06416-2453

**STUDENT MEMBER                      FREE:**

Is recognized as an academic student enrolled in any college optical program accredited by the Commission on Opticianry Accreditation. Includes certificate to obtain all Continuing Education Credits. Must be currently enrolled as a Full Time Optician student.

**APPRENTICE MEMBER                      FREE**

Is recognized as an employed on-the-job trainee registered as an apprentice optician by the State of Connecticut Department of Health to obtain knowledge and skills necessary for licensure as an optician. Includes certificate to obtain all Continuing Education Credits

**REGULAR MEMBER    FEE: \$250**

Is recognized as a Licensed Optician.

**FELLOW MEMBER    FEE: \$250**

1. Is recognized as a Licensed Optician who is currently certified by the American Board of Opticianry and the National Committee of Contact Lens Examiners,  
-or-

2. Is recognized for having obtained an academic (Associate) degree in opticianry.

**DIPLOMAT MEMBER                      FEE: \$250**

Is recognized as a licensed optician currently certified by the ABO and NCLE and is recognized by one of the following distinctions: ABO/NCLE Advanced certification; NCLE Master in Ophthalmic Optics; NCLE Master in Contact Lens Technology or FELLOW of the Contact Lens Society of America.

**AMBASSADOR MEMBER    FEE: \$250**

Is recognized as a member who holds the distinction of having served as a past officer or director of the Connecticut Opticians Association. This recognition is for voluntary dedication to promotion of the mission and goals of the Connecticut Opticians Association.

**RETIRED MEMBER                      FEE: \$150**

Is recognized as a licensed individual who has retired from active practice. Retired members shall enjoy the other privileges of membership but shall not hold office nor have the right to vote. Dues for this classification shall include seven hours of continuous education courses.

**PARTNER with INDUSTRY MEMBER                      FEE: \$200**

Is not an optician but is recognized as an individual Associate who is involved as a provider of optical goods or services who supports the Mission and Goals of the COA.. The Connecticut Opticians Association recognizes the invaluable service provided by our *Partners with Industry*. Partner members, upon request, are provided a free, undecorated table at all General Meetings of the Association. Partner members do not have voting privileges.

*Membership benefits include (FREE) Continuing Education Credits for all courses offered through the COA.  
Dues must be PAID IN FULL to attend FREE Super Sunday continuing education seminars.*

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**MEMBER CATEGORY                      CHANGES OR NEW MEMBERS ONLY**

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**Student Member:**    Class of 20 \_\_\_\_\_                      School \_\_\_\_\_

*Must be currently enrolled **full time** in an accredited academic opticianry program*

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**Apprentice Member:**    R.A. No \_\_\_\_\_                      Original Date of Registration \_\_\_\_\_

Supervising Licensed Optician \_\_\_\_\_

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**Regular Member:**                      L.O. No \_\_\_\_\_                      Year Licensed \_\_\_\_\_

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**Fellow Member:**                       Associate Degree in Opticianry:    Institution Awarding Degree \_\_\_\_\_  
Year of Graduation \_\_\_\_\_

**-or-**

ABO Certificate No. \_\_\_\_\_                      Expiration Date \_\_\_\_\_

NCLE Certificate No \_\_\_\_\_                      Expiration Date \_\_\_\_\_

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**Diplomat Member:**                      ABO Advanced Certificate # \_\_\_\_\_                      Completion Date \_\_\_\_\_

NCLE Advanced Certificate # \_\_\_\_\_                      Completion Date \_\_\_\_\_

**-or-**

ABO Master Certificate # \_\_\_\_\_                      Completion Date \_\_\_\_\_

FCLSA Certificate #<sup>1</sup> \_\_\_\_\_                      Completion Date \_\_\_\_\_

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**Ambassador Member:** Please list title(s) and year(s) of office in the C.O.A.

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**Partner Member**    Affiliation: