



Membership Acceptance Form

Name _____ FL License # _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ / _____ FAX _____ / _____

Email _____ @ _____

POF has a NO-Spam policy, we do not sell our list to anyone, POF will only send updates and information that is important to you and the profession as needed

Please check the chapter you will attend:

- Jacksonville North Central Volusia
- Space Coast Central West Coast Manasota Charlotte Gulf Coast
- Treasure Coast Palm Beach Ft. Lauderdale Miami

Acceptance for Membership as:

- Professional Member...\$165/year (Licensed Optician)
- Future Optician Member...\$10/year (Student or Apprentice)
- Associate Member (supplier)...\$65/year (COA, COT, Supplier - not a FL Licensed Optician)
- Gold - 5 years...\$650

Method of Payment:

- Check Enclosed (payable to **POF**)
 - Please charge my credit card for the full amount.
 - 3 Payment Credit Card Option - Please charge my credit card using "monthly" billing (**for Professional dues only**). I understand that my card will be billed in three equal installments of \$55 each, now and again for the next two (2) months until the dues are paid.
- Visa MasterCard AmEx Discover

Card # _____ Expires _____

Name on Card _____

Signature _____

I agree to pay above total amount according to card issuer agreement. I understand that this charge will appear on my credit card statement as "Member Services".

Contributions to the Professional Opticians of Florida are not deductible as charitable contributions for federal income tax purposes. It is estimated that the portion of your current year's dues allocable to lobbying activities, and thus non-deductible, is 25%.

Complete and Mail or FAX to: **POF - Member Services**
1947 Greenwood Drive
Tallahassee, FL 32303

850-201-2622
Fax 850-201-2625

If you are already a member of POF, **THANK YOU** and...
...please pass this on to a Friend!