

**EYEWIRE  
MEMBERSHIP APPLICATION**

**NEBRASKA SOCIETY OF DISPENSING OPTICIANS INC.**

(Kindly Type or Print)

I hereby make application for membership in the NEBRASKA SOCIETY OF DISPENSING OPTICIANS, INC., base on the following facts: (Application fee must accompany application form)

Full Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizen of \_\_\_\_\_

Class of Membership Applied for and Fees:

Regular = \$ 70.00 \_\_\_\_\_ Certified = \$ 70.00 \_\_\_\_\_

Junior = \$ 50.00 \_\_\_\_\_ Associated = \$ 60.00 \_\_\_\_\_

**STATUS**

I have been principally engaged as a dispensing optician for \_\_\_\_\_ years.

My Education, experience and scientific or technical training is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ABO Certificate Number \_\_\_\_\_

NCLE Certificate Number \_\_\_\_\_

**Present Employment**

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

Prior to my present association, I was connected with the following optical establishments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Return this application with payment to:**

**Nebraska Society of Dispensing Opticians  
Christine Tirro  
829 S 183 St  
Elkhorn, NE 68022**

**\* Make Checks payable to  
Nebraska Society of Dispensing Opticians**

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