



Please fill out the form below and remit with your payment. A ( \* ) next to the line denotes necessary information in order for your application to be processed. If you have questions please call Tami Travis-Wolfgram 715-297-3546 or email [president@wpa-eyes.org](mailto:president@wpa-eyes.org).

**2017 WPA MEMBERSHIP**

- \*  NEW Application
- \*  RENEWAL Application

**2017  
MEMBERSHIP  
FORM**

This form is also available online at [wpa-eyes.org](http://wpa-eyes.org), along with availability to **remit with Credit Card through Paypal**. Please follow instructions found on the bottom of the 'online form' at [wpa-eyes.org](http://wpa-eyes.org).

**Please make checks payable to:**

Wisconsin Paraoptometric Association

Mail to:  
Sheryl Anders  
N2661 County Road V  
Campbellsport, WI 53010  
Phone 920-375-9387

*Payment to the Wisconsin Paraoptometric Association is not deductible on charitable contributions for Federal Income Tax purposes. However, contributions may be deductible under other provisions of the Internal Revenue Codes.*

<p>* First Name</p> <p>* Last Name</p> <p>* Date of Birth</p> <p>* Current Level of Certification (Check All That Apply)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;">NONE</td></tr> <tr><td style="height: 20px;">CPO</td></tr> <tr><td style="height: 20px;">CPOA</td></tr> <tr><td style="height: 20px;">CPOT</td></tr> <tr><td style="height: 20px;">CPOC</td></tr> <tr><td style="height: 20px;">ABO</td></tr> <tr><td style="height: 20px;">Certification other than above Example (VT, ABOC, etc.)</td></tr> </table>				NONE	CPO	CPOA	CPOT	CPOC	ABO	Certification other than above Example (VT, ABOC, etc.)	
NONE												
CPO												
CPOA												
CPOT												
CPOC												
ABO												
Certification other than above Example (VT, ABOC, etc.)												
<p>* Office Name</p> <p>* Doctor's Name</p> <p>* Office Address</p> <p>* City</p> <p>* State</p> <p>* County</p> <p>* Zip</p> <p>* Office Phone</p> <p>* Office Email</p> <p>Office Fax</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>											
<p>* Physical Mailing Address for correspondence</p>	<p><input type="checkbox"/> Check here if same as above</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>											
<p>* Email Address you would like us to use</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>											

**Annual Membership Fee is \$60.00**  
Check the box for invoice to be paid by Credit Card

**INVOICE will be sent to the email below. PLEASE PRINT legibly**

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