



California Paraoptometric Section
 2415 K Street
 Sacramento, CA 95816
 (800) 877-5738
 www.cpsection.org

Membership Application

DOCTOR INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

INDIVIDUAL MEMBERSHIP

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Membership Dues: \$30 provides membership for one calendar year, January through December. It is not refundable or transferable. Please enclose a check payable to California Paraoptometric Section with your application.

Signature: _____ Date: _____

Our thanks to VWI
 for their support
 www.wweye.com



California
 Paraoptometric
 Section
 2415 K Street
 Sacramento CA 95816

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