

Maine Paraoptometric Association * 2017 Membership Application

Name _____

Employing Doctor _____ Office Phone _____

Business Address _____

Home
Address _____ @ _____

Email Address _____ Home or Cell # _____

New Member _____ Years employed as a Paraoptometric _____

Current Certifications Held _____

Signature of Applicant _____

I am interested in the following committees (please circle)

Awards Education Membership Executive Board

Please send this application along with \$50 annual dues to the MPA Secretary/Treasurer:

Elaine Fitzpatrick, CPO
Smart Eyecare Center
824 Stillwater Ave
Bangor, ME 04401
207-947-7554