



**NYSSO**  
New York State Society  
of Opticians, Inc.

**YOU  
BELONG.  
HERE**

## Membership Application

Individual's name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Business): \_\_\_\_\_

Preferred Address: ☐ Home ☐ Business

Preferred Phone: ☐ Home ☐ Business

Please Complete the Following:

Region (see map): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

NYS License #: \_\_\_\_\_

Sex: ☐ Male ☐ Female Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

To be listed accurately in the NYSSO Membership Directory, please indicate which of the following services are offered by your business:

☐ Low Vision

☐ Contact Lenses

☐ Eyeglasses

☐ Refractions Available

☐ Hearing Aids

☐ Augmented Reality Wearables

**Please indicate to which organizations you belong:**

☐ American Board of Opticianry Certified (ABO)

☐ Fellow, National Academy of Opticianry (FNAO)

☐ Opticians Association of America (OAA)

☐ National Contact Lens Examiners (NCLE)

☐ Contact Lens Society of America (CLSA)

**Region 1** - Niagara, Erie, Chautauqua, Cattaraugus

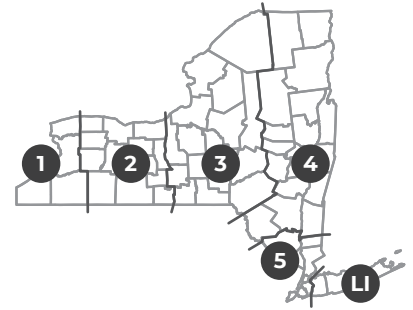
**Region 2** - Orleans, Monroe, Wayne, Genesee, Wyoming, Livingston, Ontario, Yates, Seneca, Schuyler, Chemung, Steuben, Allegany

**Region 3** - St. Lawrence, Jefferson, Lewis, Oswego, Oneida, Herkimer, Cayuga, Onondaga, Madison, Otsego, Chenango, Cortland, Tompkins, Tioga, Broome, Delaware

**Region 4** - Clinton, Franklin, Essex, Hamilton, Warren, Saratoga, Washington, Fulton, Montgomery, Schenectady, Schoharie, Albany, Rensselaer, Columbia, Greene, Ulster, Sullivan, Dutchess

**Region 5** - Bronx, New York, Queens, Kings, Richmond, Orange, Putnam, Rockland, Westchester

**Region LI** - Nassau & Suffolk



### Membership Categories:

**Active** - Annual dues of \$185.00. Any person possessing a valid New York State Ophthalmic Dispensing License is eligible to become an Active Member.

**Student** - Annual dues waived. Any person who is enrolled either as a student in a New York State-accredited program for Ophthalmic Dispensing or the NAO, CPP Program are eligible to become a Student Member. Student Members are entitled to all rights of an Active Member, except voting and may participate in all activities of this Society, unless specifically excluded by the Board of Directors.

### Membership Type:

☐ Active (\$185.00)

☐ Student (Waived)

**Membership Year is January 1 - December 31.**

**Mail Application to: NYSSO, 136 Everett Road, Albany, NY 12205**

NYSSO Office: (518) 694-4581 | Fax: (518) 432-1712 | Email: [info@nyssso.org](mailto:info@nyssso.org) | Web: [www.nyssso.org](http://www.nyssso.org)

**Voluntary Opticians PAC Contribution:** (Contributions to the NYSSO Political Action Committee)

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ Other: \_\_\_\_\_

Method of Payment: ☐ Check (payable to NYSSO) ☐ Credit Card (please complete section below)

Billing Address: \_\_\_\_\_

Type of Credit Card: ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa | Dollar Amount: \$ \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Card #: \_\_\_\_\_

Signature: \_\_\_\_\_