



**OPHTHALMIC  
PHOTOGRAPHERS'  
SOCIETY**  
EYE IMAGING EXPERTS

Membership Office 1887 W. Ranch Rd Nixa, MO 65714 USA 417-725-0181 (outside USA) 1-800-403-1677 (USA only) 417-724-8450 (Fax)
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***APPLICATION FOR MEMBERSHIP***

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**Name** \_\_\_\_\_  
 (Last, First Middle Initial) (Certification or Licensure)

Mailing Address for OPS Correspondence

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

Telephone (If outside the USA, please include country and city codes)

Office \_\_\_\_\_ Cell (Optional) \_\_\_\_\_

Fax \_\_\_\_\_ Home (Optional) \_\_\_\_\_

Email (required) \_\_\_\_\_

**Dues ..... U.S. \$99.00**

**PAYMENT OPTIONS**

\_\_\_\_\_ Charge to Credit Card \_\_\_\_\_ Payment Enclosed

*Visa MasterCard Discover American Express*

**Account Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Verification Code** \_\_\_\_\_  
(last 3 digits on back of card or 4 digits on front of AE)

**Name on Card** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

Membership in the OPS is renewed annually from the date the membership is accepted. A renewal notice is emailed to the member 60 days prior to the membership expiration date and may be renewed by signing in to the member's profile on the OPS web site anytime prior to the expiration date.