



**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)
--

APPLICATION FOR MEMBERSHIP

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. \$90.00

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.