

Membership/Dues Renewal APPLICATION

MEMBERSHIP CATEGORY

I would like to Renew I would like to join

<input type="checkbox"/> Regular Member \$295 <i>Ophthalmologists</i>	<input type="checkbox"/> Group Member \$595 <i>3 professionals within a single practice – three receive full benefits for the price of 2. If choosing this category, please make sure your business name is completed on this form*</i>
<input type="checkbox"/> Associate Member \$275 <i>Contact Lens Scientists & Educators</i>	<input type="checkbox"/> Allied Health Member \$95 <i>Technicians & Contact Lens Specialists</i>
<input type="checkbox"/> Affiliate Member \$245 <i>Doctors of Optometry</i>	<input type="checkbox"/> 1st & 2nd Year MD \$160

Member Name _____ Credentials _____

*Group Name _____

Member #2 _____ Member #3 _____

Member Preferred Address Home Business

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT

Check (made out to ECLA) AMEX Discover MC VISA

Card Number _____ Exp. Date _____

CVC Code _____ Card Member Signature _____

ECLA Membership Dues are considered tax deductible as a business expense only

Membership forms can be submitted by mail with check or credit card payment to

ECLA
 4582 S Ulster St, Suite 201
 Denver, CO 80237
 Or by email with credit card information
 Val@goddardassociates.com