



**Australian Dispensing Opticians Association**

(Vic) Inc. A0044155L  
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 Email: [info@adoa.org.au](mailto:info@adoa.org.au) Website: [www.adoa.org.au](http://www.adoa.org.au)  
 ACN004348654 ABN 90 004 348 654

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

COMPANY: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please use the following contact details  Private Address  Work Address.

OPTICAL QUALIFICATIONS: \_\_\_\_\_

**Membership fees (as listed below) are payable with this application:**

Student (Traineeship) Member	1 <sup>st</sup> Year	FREE
Student (Traineeship) Member:	Annual Fee	Total \$30.00
Full Member (Vic Metro):	Annual Fee	Total \$210.00
Full Member (Country & Interstate):	Annual Fee	Total \$105.00
Practice Membership & Supplier	Annual Fee	Total \$510.00

In the event of this application being accepted by Council I agree to abide by all rules and regulations as specified in the Memorandum and Articles of the Australasian Dispensing Opticians Association (Victorian Division)

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>Cheque</b>	
My cheque for \$ _____ and made payable to the ADOA Inc is attached	
<b>Internet Banking Payments</b>	
BSB: 063-100 Account Number: 1024-3122	
Bank: Commonwealth Bank of Australia Account: ADOA Victoria Inc	
Please fax or email through a confirmation of payment to our office for our records.	
<b>Credit Card Payments</b>	
<input type="checkbox"/> MCard <input type="checkbox"/> Visa <b>Card Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expires <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> <input type="text"/>	
Cardholder's Name: _____	
Signature: _____	