



**Australian Dispensing Opticians Association**  
(Vic) Inc. A0044155L  
PO BOX 2142 ST KILDA VIC 3182  
PH:(03) 9536-3127 FAX: (03) 9525-3656 MOBILE: 04 17 377 492  
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: \_\_\_\_\_

EMPLOYMENT HISTORY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**REFEREES** (must be optically qualified):

1. \_\_\_\_\_ Phone (work): \_\_\_\_\_

2. \_\_\_\_\_ Phone (work): \_\_\_\_\_

**NOMINATING MEMBER:** \_\_\_\_\_ Phone (work): \_\_\_\_\_

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). Pro-rata fees apply for new memberships received after 1<sup>st</sup> October.

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

Student Member:	Annual Fee	\$55.00
Full Member:	Annual Fee	\$175.00
Associate Member (Non-Voting):	Annual Fee	\$150.00
Practice Membership	Annual Fee	\$440.00
Supplier Membership	Annual Fee	\$440.00

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

Please direct mail to the following address  home  work. Where possible use  Email  Fax

*OFFICE USE ONLY*

Membership Application

Date Accepted: \_\_\_\_\_ Letter Sent: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Membership Level: \_\_\_\_\_

