

Thank you for joining the Colorado Paraoptometric Section! Your membership entitles you to quarterly Focal Points newsletters, continuing education events, email updates on CPS activities and more!

**COLORADO PARAOPTOMETRIC SECTION
2012 Membership Application**



(Please print or type. Feel free to photocopy this application so your colleagues can join!)

Name: _____ Title: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

YOUR Email Address (required)* _____

Practice Name: _____

Office Address: _____ Suite#: _____

City: _____ Zip: _____

Office Phone: _____ Office FAX: _____

(*We respect your privacy. Your email address will be used to notify you about upcoming CPS educational events and to send you the CPS newsletter. We will never release your email address to anyone for any other purpose).

Please send all correspondence to: Home _____ Work _____

Please indicate below how you received your training:

____ Assistant/Technician program ____ C.P.O.T. ____ C.P.O. ____ C.O.V.T.T.
____ On the job training ____ C.P.O.A. ____ A.B.O.C. ____ N.C.L.E.

What subjects would you be interested in for upcoming continuing education?

Would you be interested in hosting a class at your office? Y N

Would you be interested in serving as an Officer in the Paraoptometric Section? Y N

Sponsoring COA Optometrist's name (printed): _____

Annual fee: \$15.00. Please make checks payable to CPS.

Mail application and annual fee to:
Colorado Paraoptometric Section
c/o Colorado Optometric Association
730 Seventeenth St., Suite 350
Denver, CO 80202-3515

Thank you for taking the time to fill this out. If you have any questions, please call COA at 303.863.9778.