



# Dues Statement

Online... <http://www.clsa.info/CLSA/Membership/>

Mail... Fill out and send in with check or credit card information

Fax... Fill out with credit card information and fax to (651) 731-0410

Contact Information:  Home  Business

Name:

Member #

Company:

CooperVision BP#

Address:

City:

State/Province

Zip/Postal Code

Phone:

Email:

### Member Type:

- CLSA Member / Fellow **\$155**
- Career Starter Member(limited) **\$ 80**
- Retired Member / Retired Fellow **\$ 50**

### Credentials include:

- FCLSA  FCLSA-H
- ABOC  ABO-AC  ABOM
- NCLEC  NCLE-AC  NCLEM
- COA  COT  COMT
- OD  MD
- Other: \_\_\_\_\_

*Member Benefits include quarterly subscription to EyeWitness, Free CE on CLSA University, an account in the CLSA member directory, and discount pricing on CLSA books, products and CLSA educational events.*

I would like CLSA to contact me, regarding \_\_\_\_\_

I am interested in Committee or Board Service \_\_\_\_\_

I am interested in teaching and/or writing for CLSA \_\_\_\_\_

Comment: \_\_\_\_\_

Contribution the CLSA Foundation \$ \_\_\_\_\_

*The CLSA Foundation is an educational organization created under section 501(c)3 of the Internal Revenue Service Code. Your donation will be tax deductible to the fullest extent allowable by law.*

**Payment Information:** Total Amount to be charged \$ \_\_\_\_\_

CLSA Continuing Education Rebate Program Dollars (Put CooperVision Business Partner # above)

Check payable to CLSA  American Express  Discover  MasterCard  VISA

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 or 4 Digit CVC Code \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Name on Card \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLSA Membership Dues are considered tax deductible as a business expense only**