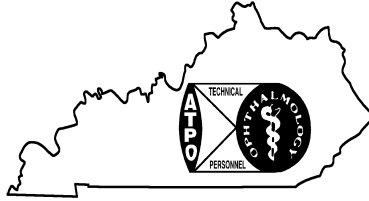


# 2008 KATPO MEMBERSHIP APPLICATION



## KENTUCKY ASSOCIATION OF TECHNICAL PERSONNEL IN OPHTHALMOLOGY, INC.

.....

\_\_\_\_\_ New Member                      \_\_\_\_\_ Change of Address

\_\_\_\_\_ Renewing Member                \_\_\_\_\_ Change of Name – Former name \_\_\_\_\_

.....

Name \_\_\_\_\_ Certification \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

.....

Please complete the entire form and return with your check for \$25.00, made payable to KATPO. Mail form and dues to:

KATPO  
C/o Jeanne VanArsdall  
120 N. Eagle Creek Dr. Suite 500  
Lexington, KY 40509

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SUPPORT YOUR STATE PROFESSIONAL ASSOCIATION,  
DEDICATED TO PROVIDING LOW COST, QUALITY CONTINUING  
EDUCATION CLOSE TO HOME!