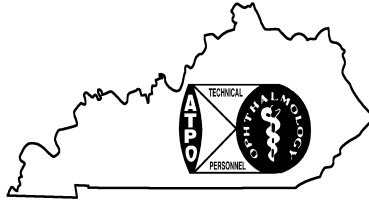


2010 KATPO MEMBERSHIP APPLICATION
AND DUES NOTICE



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
Marti Reid, COA
202 Kirk Dr.
Nicholasville, KY 40356

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