

**MINNESOTA CONTACT LENS SOCIETY
MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

Date:

Name:

Home address (if you would like your MCLS mail sent here)

City:

State:

ZIP Code:

Home Phone or cell phone # (only used in an emergency)

EMPLOYMENT INFORMATION

Employer:

Employer address:

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

Position:

Duties Performed:

PROFESSIONAL AFFILIATIONS

Please mark all that apply

NCLE NCLE Advanced Certification

JCAHPO Certified: COA COT COMT

Optometrist Optometric Assistant

Optician Other (please list)

EDUCATION

Degree

Institution

Year Graduated

MISCELLANEOUS

How many years have you been employed in ophthalmology/optometry/opticianry?

In your present position, what percentage of time is involved with contact lenses?

Please mark your level of experience. Beginning Intermediate Advanced

List topics you are most interested in.

PLEASE REMIT A CHECK IN THE AMOUNT OF \$85.00 AND THIS APPLICATION TO:

(Yearly membership dues of \$65.00 plus an initiation fee of \$20.00.)

Minnesota Contact Lens Society

P.O. Box 48514

Coon Rapids MN 55448

Phone 763-442-3918

e-mail: mcls@mncontactlens.com