

2010 ASIAN AMERICAN OPTOMETRIC SOCIETY Membership Application

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Email Address: _____ **Spouse's Name** (if applicable): _____

Optometry School Attended/Year of Graduation: _____

Referred By: _____

Primary Address and Phone Number: Please circle one **OFFICE / HOME**

Number & Street Name City State Zip Code

(_____) _____

Phone #

If you would like to make a contribution along with your annual dues,
please check the appropriate line(s) below:

_____	AAOS Foundation (New!)	\$ _____
_____	SCCO Scholarship Fund	\$ _____
<u> X </u>	Annual Membership (see membership scale below)	\$ _____

Please Mail To: Kenneth Fukuda, O.D.
9615 Nightingale Ave.
Fountain Valley, CA 92708

ANNUAL MEMBERSHIP FEE SCALE	
If you graduated in:	
2010 (1 st year)	Membership is FREE
2009 (2 nd year)	Only \$25
2008 and before	\$75

- Paypal (accepting any credit card)**
- Check**

Make checks payable to: **AAOS**

Visit our website at www.AsianAmericanOptometricSociety.org