



Return this application with your payment to:

Contact Lens Society of America
PO Box 253
Highland Lakes, NJ 07422
1-800-296-9776

APPLICATION FOR MEMBERSHIP

Name

Business Name

Address

Business Address

City, State, Zip Code

Business City, State, Zip Code

Cell Phone

Business Phone

Personal Email

Business Email

Professional Credentials

Business Website URL

Membership Type

\$199 Regular: Contact lens professionals who are actively dispensing.

\$50 Retired: Contact lens professionals who are no longer actively practicing.

\$80 Career Starter: Students, apprentices and others who are not yet licensed and /or certified. Available for one year, before becoming a full (regular) member.

Student: _____
School Expected graduation date

Apprentice _____
Sponsor

Other: _____
Describe

CooperVision BP Number

As a CLSA member, I aspire that:

1. I will set a good example of a contact lens professional for all Society Members;
2. I shall willingly share knowledge, skills, and experience with other Members;
3. I will provide the most appropriate care for my clients/patients;
4. I will be mindful of my obligation to respect the laws of my nation and the general welfare of my community;
5. I will respect and preserve the confidence and rights of the public, my co-workers, and peers.

Signature

Date