



Opticians Association of Rhode Island

Membership Application: January 2021 thru December 2021

Date _____

Name _____

Home or Email _____

Circle One

Full Member	\$ 100.00 (Licensed Optician or ABO Certified Optician)
Student	\$ 25.00
Retired	\$ 50.00
Associate Member	\$ 50.00 (Non-licensed optical field)

Mail a copy of this form and checks payable to: OARI

Mail to: OARI

PO Box 8190

Cranston, RI 02920