



Opticians Association of Rhode Island

Membership Application

Date _____

Name _____

Home address 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