



Dues Renewal for June 1, 2021—May 31, 2022

Name: Missouri License #
Address: OE Tracker #
Email
State Rep/District
Phone: State Senator/District
Cell: Referred By (if new)
SLOS Member

SLOS MEMBERSHIP DUES

Table with 3 columns: Membership Type, Description, and Amount. Includes categories like Full Member, University Class, Retired Member, New Graduate, and Associate Member.

NOTE: 15% of all annual dues is not deductible as that percentage can be allocated to legislative and/or lobbying efforts in the State of Missouri

I am associated with:

Other professional memberships: AOA MOA IOA AAO HOACLS Other

In addition to full scope vision care I or my office provides: Home vision care Nursing home calls Other

I would volunteer for Screenings Health Fairs Public speaking

Paying by credit card: Card # Expiration CVC

Name on card: Billing Zip Code

Mail completed form with payment to: SLOS, P. O. Box 6136, Chesterfield, MO 63006