

Orthokeratology Society of Oceania
ABN: 11 388 031 395
TAX INVOICE

Orthokeratology
Society of Oceania

Membership Form

General Details

Dr / Mr / Ms / Mrs / Miss / other

Given name _____ Surname _____

Practice address (if applicable) _____

Suburb _____ State _____ Postcode _____

Postal address (if different) _____

Work Phone () _____ Home Phone () _____

Mobile Phone _____ E-mail _____

Does the practice where you currently work have a corneal topographer? **YES / NO**

Where did you first learn about fitting Orthokeratology? (*First time members only to complete*)

- OSO Conference Year _____
- Global Orthokeratology Symposium Year _____
- Lens Manufacturer Fitting Course Lens Type _____
- Other (Please Specify) _____

Membership Fees (For July 2010 – June 2011)

Annual Membership Fees **\$110** (includes GST)

Payment

- Cheques or Money Orders** should be made payable Orthokeratology Society of Oceania and sent to:

Orthokeratology Society of Oceania

c/o Celia Bloxsom, OSO Secretary

Visions by Brian Job (prior to 1 July 2010) / My Vision Optical (from 1 July 2010)

21 James St

BURLEIGH HEADS Q 4220

- Direct Deposit Details** (clearly state your name on the deposit and return completed membership form to the above address please)
- BSB: 083 971 Account No: 6499 76593