



The Society of Connecticut Opticians  
P.O. Box 226  
Glastonbury, CT 06033

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please select one membership option:**

- Apprentice/Student Membership \$60.00
- Licensed Optician Membership \$130.00
- Retiree Membership \$60.00

**Signature:** \_\_\_\_\_

**Please mail form and check to:**

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Glastonbury, CT 06033

