College of Syntonic Optometry

Membership Form 2022

Name_____

Prof. Designations (O.D., FCOVD, etc.)/Profession_____

Address_____

City_____State_____

Country_____ ZIP/mail code_____

Office Phone_____Cell (optional)_____

Fax_____Home (optional) _____

Email_____Website_____

Please X appropriate membership category

( ) Member	$200 (Licensed Medical Professional)
( ) International Member	$125 (Licensed Medical Professional)
( ) 1st time member	$150 (Licensed Medical Professional)
( ) Associate Member	$175 (Non-Optometric licensed practitioner/educator or researcher using phototherapy)
( ) Affiliate Member/Vision therapist	$100 (Health Care Professional)
( ) Sponsor	$250
( ) Student	$ 0

Indicate College_____Graduating Yr_____

( ) I do not wish to have my information displayed on the CSO website www.collegeofsyntonicoptometry.com

Signature Date

Please submit this form with payment by check or credit card to:

College of Syntonic Optometry
2052 W. Morales Dr.
Pueblo West, CO 81007 USA
Email: syntonics@q.com
Fax 719-547-3750/ phone 719-547-8177

Credit Card Visa MC Am EXP Discovery

Number_____

Expiration Date_____ Code_____

Signature_____