

Personal Details

Title _____ First name _____ Surname _____

Gender: M F D.O.B. ___ / ___ / ___

Home Postal address: _____

Suburb _____ State/Region _____ Postcode: _____

Country _____

Phone: Work () _____ Mobile _____

Email _____

Name of employer _____

Employer's address _____

Qualifications _____

Member Category (renewed annually)*evidence may be requested to validate category
_____ (all rates in Australian Dollars and include GST)

- | | |
|--|---------------|
| <input type="checkbox"/> ACOD Student | Complimentary |
| <input type="checkbox"/> Unqualified optical employee | \$25 |
| <input type="checkbox"/> Non ACOD optical/business student | \$60 |
| <input type="checkbox"/> Qualified Optical Dispenser | \$120 |
| <input type="checkbox"/> Qualified Optometrist / Medical Practitioner / Practice owner | \$150 |
| <input type="checkbox"/> Corporate Partner (Industry/Practice) | \$495 |

PaymentTotal to be deducted by the Australasian College of Optical Dispensing (ACOD) \$ Internet BankingBSB: 062230 Account Number: 11267585 Bank: Commonwealth Bank of Australia Account: ACOD
Please email through a confirmation of payment to our office **admin@acod.com.au** for our records. MasterCard Visa

Credit Card No _____

CVV ___ / ___ Expiry ___ / ___

Cardholder's Name _____

Cardholder's Signature _____

**Membership dues
are tax deductible****Email form to admin@acod.com.au**