

Kentucky Optometric Association

2020 Partner Member Registration

COMPANY INFORMATION

Company Name: _____

Contact Name/Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Name of Local Sales Representatives: _____

Address: _____

City/State/Zip: _____

Email: _____ Cell: _____

We want to partner with the KOA at the following level:

- Visionary Partner Member for \$20,000 annually
- Platinum Partner Member for \$15,000 annually
- Gold Partner Member for \$10,000 annually
- Silver Partner Member for \$5,000 annually
- Bronze Partner Member for \$2,500 annually

Payment Method



Credit Card Number _____ Expiration Date _____

Name Printed on Card: _____ Signature: _____

Please return this form to:

Kentucky Optometric Association
PO Box 572
Frankfort, KY 40602

For additional information:

Call 502-875-3516 or
Email sarah@kyeyes.org

By signing on to become a KOA Partner Member, your company is agreeing to uphold the KOA Mission Statement: to promote, advance and insure the viability of the practice of optometry for the benefit of its members and the citizens of the Commonwealth of Kentucky.