

# 2024 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

Check

AMEX

Visa

Master Card

Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CODE \_\_\_\_\_

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: KOA advocates for the advancement of optometry and exceptional eye care in Kentucky.