



Arizona Optometric Association
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**Arizona Optometric Association
Credit Card Payment**

Name: _____

Type of Card: _____ Acct. #: _____ Vcode _____

Expiration Date: _____ Amount of Charge: _____

Address _____ Zip Code _____

Purpose of charge (CIRCLE): DUES SPRING FALL BRONSTEIN ADVERTISEMENT

OTHER: _____

The AZOA greatly appreciates your support!

Please email form to kate@azoa.org or fax to 602-264-6356