



2017 Annual COAT Application

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Practice / Business: _____

Check all that Apply: (Please Select one and enter Certification or License number)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> ABO _____ | <input type="checkbox"/> Optician | <input type="checkbox"/> Lab Tech |
| <input type="checkbox"/> NCLE _____ | <input type="checkbox"/> OD | <input type="checkbox"/> Student |
| <input type="checkbox"/> COT _____ | <input type="checkbox"/> MD | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> COA _____ | <input type="checkbox"/> Office Manager | |
| <input type="checkbox"/> COPE _____ | <input type="checkbox"/> Billing Staff | |
| <input type="checkbox"/> Other _____ | | |

2017 Annual Membership Fee is \$80 (Please make Check or Money Order Payable to COAT)

Method of Payment: _____ Date of Payment: _____

If you want to volunteer with COAT please email coatsecretary@yahoo.com and tell us your area of interest. We are always looking for fresh new ideas. Thank You

You can also mail this form with your payment to:

COAT
5018 Antoine Dr. B-252 Houston, Texas 77092-3357

Prices are subject to change without notice. No refunds or exchanges. COAT is a 501(C)(6) non profit organization.