



2022 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)

- ABO _____
- NCLE _____
- COT _____
- COA _____
- COPE _____
- OTHER _____

PLEASE CIRCLE ONE BELOW

- Optician
- OD
- MD
- Office Manager
- Billing Staff
- Lab Tech
- Student

Annual Membership Fee is \$80 (Please make Check or Credit Card)

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— 11690 SW Freeway Houston, Texas 77031**

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