



NYSSO
New York State Society
of Opticians, Inc.

**YOU
BELONG.
HERE**

The New York State Society of Opticians

136 Everett Road

Albany, NY 12205

www.nyssso.org

PH: 518-694-4581 Fax: 518-432-1712

info@nyssso.org

NYSSO Business Group Discount Application

- *This form is able to be utilized when 3 or more NYSSO Active or Student Members (or combination) are joining and/or renewing from the same business. Standard current pricing is \$185.00 Active Membership, \$50.00 Student Membership.*
- *Business Offices paying via Check will receive 10 % off the membership pricing (\$166.50 per Optician Member, \$45 per Student Member).*
- *Business Offices paying via Credit Card will receive 5 % off the membership pricing (\$175.75 per Optician Member, \$47.50 per Student Member).*

Business Office Information

Billing Address	
Company	
Address	
City, State, Zip	
Contact's Name	
Contact's Email	
Contact's Phone	

Member Details

Names of Members	Membership Type (Optician, Student)	License or Permit Number or College Enrollment	Email	Phone	Amount Each with Discount

Thank you for your support and assuring the future of our profession and your company.

Contact NYSSO Staff with any questions info@nyssso.org



NYSSO
New York State Society
of Opticians, Inc.

**YOU
BELONG.
HERE**

<i>For Offices renewing 3 or more members, please use two forms.</i>		Grand Discounted Total:	
--	--	--	--

Payment Method

Check Enclosed Visa MasterCard American Express

Name on Card: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Authorized Signature _____

**Thank you for your support and assuring the future of our profession and your company.
Contact NYSSO Staff with any questions info@nyssso.org**