

**ASSOCIATION OF LENS CRAFTERS
LEASEHOLDING DOCTORS**

2010 Membership Application

[] **New Member**

[] **Renewal**

Store #'s (please list all locations and circle the primary office): _____

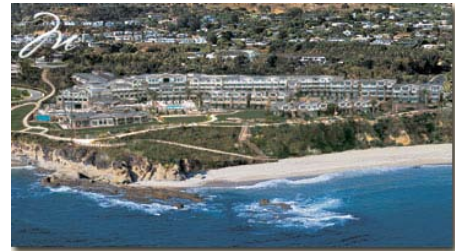
Name:		Spouse Name:	
Home Address:		Business Address:	
Home Phone:		Business Phone:	
Home Fax:		Business Fax:	
Home Email:		Business Email:	

**2010 Dues: \$125
2 Years: \$225
3 Years: \$300**

Please make check payable to: AllDocs. Send application and check to:

**ALLDocs, c/o Fox Eye Care Group
5959 Triangle Town Blvd. #2001
Raleigh, NC 27616**

2010 annual meeting- Laguna Beach, CA at the beautiful Montage Resort.



See our website at www.alldocsod.com.

Reminder: Membership dues must be paid to be eligible for attendance and any rebate at the annual meeting!