American Society of Ophthalmic Registered Nurses
NEW LOCAL CHAPTER MEMBERSHIP ROSTER

Please type or print the names of the members in the spaces below. Please forward one copy to the national headquarters and retain one copy for record-keeping purposes.

Name of Local Chapter: _____

President's Name: _____

President's Address: _____

_____

President's Telephone Number: _____
Work Phone Home Phone

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Attach additional list if needed