



Wise Owl[®] Eye Safety Recognition Program
Chapter Membership Form

Yes!

My organization is committed to promoting eye safety! We want to join the Wise Owl Eye Safety Recognition Program today!

Wise Owl Annual Chapter Membership:

Corporate Rate: \$75 School Rate: \$50

Company/School Name: _____

Safety Manager/Personnel Contact: _____

Address: _____

City _____ State _____ Zip _____

Tel _____ Fax _____ E-mail _____

Please charge my: VISA MasterCard

Card # _____ Expires ____ / ____

Name on Card: _____ Signature: _____

OR, enclosed is a check for a total of \$ _____

To enroll as a Chapter Member, please return this form along with your credit card payment information or check payable to *Prevent Blindness America* to:

**Prevent Blindness America
211 West Wacker Drive
Suite 1700
Chicago, IL 60606**

For more information about Wise Owl membership, please call us at (800) 331-2020.

-- Please allow Prevent Blindness America 4-6 weeks to process your renewal --

PBA USE ONLY:

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