



FCO Section Membership/Donor Remittance

In order to keep FCO viable, we need your help! Below is information about membership, as well as information about how you can contribute to the missions that we support. Please fill out the form below and mail it along with any contribution(s) to **CMDA – FCO Section, P.O. Box 7500 Bristol, TN 37621**. Contributions may also be made on our website: <https://cmda.org/fellowship-of-christian-optometrists/>.

Membership

Please see the membership options below. Please note that membership dues are fully tax-deductible as a charitable contribution and will be noted as such on the receipt under “Year to Date Giving.” Please check box on the right beside your choice:

Working OD	First year in practice	\$195	
Working OD	After first year in practice	\$387	
Missionary OD		\$112	
Missionary OD	Please contact CMDA (888-230-2637) to see if you qualify for this option	No Charge	
Semi-Retired OD	Working 20 hours or less/week	\$195	
Retired OD		\$92	
Retired Missionary		\$64	
Optometry Student	Underwritten	No Charge	
If student, please list school:			

Discounts Available:

- Provide the name of the colleague who referred you to CMDA and get 25% off your first year’s dues.
- Sign up for Automatic Dues Renewal and get 10% off your membership!

Missions

I would like to contribute toward Dr. Nancy Herbster’s Memorial Scholarship Fund _____ **Amount**

I would like to make a contribution to one or more of the following eye care missions: _____

- The FCO Christian Vision Eye Services clinic in Haiti (**CVESH**) _____
- Dr. Valerie Colby’s eye care work in Honduras (**His Eyes**) _____
- Dr. Kurt Rascher’s eye care work with Syrian Refugees in the Middle East (**IDEAS**) _____

Student Chapters

I would like to make a contribution to a specific student chapter for student **mission trips or student chapter expenses**. The student chapter is _____

I would like to make a contribution to FCO for general student ministry purposes. _____

Grand Total: _____

Name: _____

“Where there is no vision, the people perish.” Prov. 29:18



Address/City/State: _____

Email address: _____

Cell: _____ DOB: _____