COMPANY/ORGANIZATION CONSENT TO RECEIVE FAXES

Company/organization name for which consent is being provided: _____

Name of person authorized to provide consent for company/organization: _____

Fax Number(s) for which consent is being provided: _____ _____ _____

I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive all faxes, including any faxes that contain commercial solicitations, sent by or on behalf of the American Optometric Association, the American Optometric Institute, VISION USA, AOA-PAC, or any affiliated organizations of those entities, and including any AOA-affiliated optometric associations at the state, local, student, or federal services levels.

Signature: _____

Date: _____