# INDIVIDUAL CONSENT TO RECEIVE FAXES

Name of person providing consent: _____

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

I understand that by providing the fax number(s) above, I hereby consent 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: _____