



the Texas Optometric Association, Inc. Membership Application

Date \_\_\_\_\_ Referred by: \_\_\_\_\_

(Please print or type) Please check preferred mailing address: [ ] Home [ ] Office
Preferred method of contact by AOA: [ ] Regular mail [ ] E-mail

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Suffix \_\_\_\_\_ Maiden Name, If Applicable \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: [ ] M [ ] F

Email \_\_\_\_\_

Do you regularly attend local society meetings? [ ] Yes [ ] No If yes, which society? \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_

Office Practice/Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Office Ph. ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ Approx. # of hours worked per week: \_\_\_\_\_

Type of Practice: [ ] Private Practice/Practice Owner [ ] Private Practice/Associate OD [ ] Corporate Setting
[ ] Academia [ ] Optometry/Ophthalmology [ ] Retired
[ ] Not Working [ ] Other \_\_\_\_\_

Optometry School \_\_\_\_\_ Yr. Graduated \_\_\_\_\_

Residency: [ ] Yes [ ] No If yes, Yrs. completed \_\_\_\_\_ to \_\_\_\_\_

TX License Number \_\_\_\_\_ Yr. TX License Received \_\_\_\_\_ / Year of 1st License (if not TX) \_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_

A new licensee is entitled to an ascending dues structure based on the year of original licensure. A member who has achieved full dues status with AOA is considered a full active member of the Texas Optometric Association. Payments to TOA are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

To keep you informed and up-to-date you will automatically be signed up to receive the TOA E-News and other optometry related information.

"As a member of the Texas Optometric Association, I promise to support the Constitution and Bylaws of this Association and to always do my best to uphold the interests of the profession."

Signed \_\_\_\_\_ Date \_\_\_\_\_

By giving TOA your information you will automatically be signed up to receive the TOA E-News and other optometry related information.

Please return to: Texas Optometric Association, 1104 West Avenue, Austin, TX 78701 or Fax: 512-326-8504 or E-Mail: membership@txeyedoctors.com

PLEASE SELECT A BILLING FREQUENCY: [ ] Monthly [ ] Annually

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Zip code \_\_\_\_\_ Signature \_\_\_\_\_