



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: F  M

Email \_\_\_\_\_

Do you regularly attend localsociety meetings?  Yes  No If yes, which society? \_\_\_\_\_

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

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

Home Ph. \_\_\_\_\_ Cell \_\_\_\_\_

**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 1<sup>st</sup> 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, 3011 N. Lamar Blvd. Ste.300 TX 78705 or Fax: 512-326-8504 or E-Mail: [membership@txeyedoctors.com](mailto:membership@txeyedoctors.com)

**By Credit Card** #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ 3/4 digit security code: \_\_\_\_\_  
Signature: \_\_\_\_\_  Monthly  Annually

**By Mail:**  
Return application and make check out:  
Texas Optometric Association