



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, 3011 N. Lamar Blvd. Ste.300, 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 _____