

American Optometric Association Section Membership

Contact Lens and Cornea Section
(CLCS)



Vision Rehabilitation Section
(VRS)



Sports Vision Section
(SVS)



Annual Dues for Each Section

Membership within the AOA is a mandatory prerequisite for membership in any of the Sections.

Membership Type	CLCS	VRS (Formerly LVRS)	SVS
Active O.D.	<input type="checkbox"/> \$85	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
In Practice ≤1 year	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
In Practice 1-2 years	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Students & Residents	<input type="checkbox"/> \$0 +	<input type="checkbox"/> \$5	<input type="checkbox"/> \$0
Retired/Partial Practice O.D.	<input type="checkbox"/> \$10**	<input type="checkbox"/> \$15**	<input type="checkbox"/> \$25**
Allied Personnel	<input type="checkbox"/> \$50~	N/A	<input type="checkbox"/> \$50~
Paraoptometric	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	N/A

+ CLCS Student Membership is free, courtesy of a grant from CIBA VISION.

** To apply for this classification, applicant must be classified Retired or Partial Practice within their AOA membership.

~Allied Personnel are welcome to join the CLCS and SVS, and must adhere to the AOA CLCS and SVS bylaws, must be sponsored by a current CLCS or SVS member, respectively.

Name: _____ AOA Member Number: _____
 (First) (Middle) (Last)

Mailing Address: _____
 (Street) (City) (State) (Zip)

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____ Secondary Email: _____

For Students Only: _____
 (School/College) (Month/Year of Graduation)

For Allied Personnel Members: _____
 (Sponsor Name & AOA ID number)

Payment Type: (circle one) Visa MC AMEX Check Card number: _____ Exp. Date: _____

I hereby make application for membership in the AOA Section(s) indicated above. I can verify that I am an active member of the AOA. Signature: _____

Payments to the American Optometric Association are not deductible as charitable contributions for Federal Income Tax purposes. However, professional dues are generally deductible as an ordinary and necessary operating expense of each doctor's practice.