



American Optometric Association

### AOA Section Membership Application

AOA Membership is a mandatory prerequisite for all section memberships

#### Contact Lens and Cornea Section (CLCS)

#### Sports Vision Section (SVS)

#### Vision Rehabilitation Section (VRS)



#### Membership Type

#### CLCS

#### SVS

#### VRS

<b>Active O.D.</b>	<input type="checkbox"/> \$85	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
<b>In Practice ≤ 1 year</b>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
<b>In Practice 1-2 years</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<b>Students &amp; Residents</b>	<input type="checkbox"/> \$0+	<input type="checkbox"/> \$0>	<input type="checkbox"/> \$5^
<b>Retired/Partial Practice O.D.</b>	<input type="checkbox"/> \$10*	<input type="checkbox"/> \$25*	<input type="checkbox"/> \$15*
<b>Allied Personnel</b>	<input type="checkbox"/> \$50~	<input type="checkbox"/> \$50~	N/A
<b>Paraoptometric</b>	<input type="checkbox"/> \$10	N/A	<input type="checkbox"/> \$10

+ CLCS Student Membership is free! Courtesy of a grant from CIBA VISION.

> SVS Student Membership is free! Courtesy of the section.

^ VRS Student Membership is free! Courtesy of a grant from Enhanced Vision, HTS and Walters Low Vision.

\* Retired/Partial Practice O.D.: To apply for this classification, applicant must be classified as such within their AOA membership.

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

**Name:** \_\_\_\_\_ **AOA Member ID:** \_\_\_\_\_  
(First) (Middle) (Last) (If known)

**Mailing Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_ **Secondary Email:** \_\_\_\_\_

**Allied Personnel Members:** \_\_\_\_\_  
(Sponsor Name & AOA Member ID)

**Payment Type:** (circle one) Visa MC AMEX Check **Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**I hereby am applying for membership in the AOA section(s) indicated above. I can verify that I am an active member of the AOA.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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.*