



American Optometric Association, Attn: Dues Accounting  
 243 North Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881  
 314-991-4100 or 800-365-2219  
 Fax: 314-991-4101  
 Email: DuesAccounting@aoa.org  
 Website: www.aoa.org

**APPLICATION FOR  
 POSTGRADUATE MEMBERSHIP  
 IN THE  
 AMERICAN OPTOMETRIC ASSOCIATION  
 For the 2011 Membership Year**

I hereby apply for postgraduate membership in the American Optometric Association. Such membership in the American Optometric Association is provided for in the Bylaws as outlined below, according to Article I. Membership, Section 1.H.:

- (a) A non-practicing optometrist who is a full-time student in an accredited institution of higher education. Application for such postgraduate membership shall be made directly to this Association and shall contain a certification of the student's full-time status by an appropriate official of the institution. Such postgraduate membership shall become effective upon approval by the Board of Trustees or the Secretary-Treasurer as the Board's designee, and may continue until the end of the calendar year in which the postgraduate member graduates even if licensed in any jurisdiction prior thereto.
- (b) An optometrist who is engaged full-time as a resident or a fellow in a residency program approved by the Council on Optometric Education or by a school or college of optometry which is accredited by the Council on Optometric Education. Application for such postgraduate membership shall be made directly to this Association and shall contain a certification of the resident's full-time status by an appropriate official of the residency program. Such postgraduate membership shall become effective upon approval by the Board of Trustees or the Secretary-Treasurer as the Board's designee, and may continue until the end of the calendar year in which the resident's participation in the program is completed.
- (c) An optometrist who is engaged full-time as an intern in an internship program required by state law. Application for such postgraduate membership shall be made directly to this Association and shall contain a certification of the intern's full-time status by an appropriate official of the facility or state optometry board. Such postgraduate membership shall become effective upon approval by the Board of Trustees or the Secretary-Treasurer as the Board's designee, and may continue until the end of the calendar year in which the internship is completed.

**Please complete the application in accordance with (a), (b), or (c) above; the one applicable to your situation. Postgraduate members have no AOA dues obligation. Applications must be submitted on an annual basis. All information must be completed in full to process application. Additional documentation may be attached, if needed.**

**NAME AND CONTACT INFORMATION:**

\_\_\_\_\_ First                      \_\_\_\_\_ Middle Initial                      \_\_\_\_\_ Last                      \_\_\_\_\_ Suffix (Jr., Sr., etc.)

Designations (O.D., Ph.D., etc.) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

AOA ID Number: \_\_\_\_\_

Permanent Forwarding Address: \_\_\_\_\_

Address During School Year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Indicate address to which mail should be sent:  Permanent address       School Year address

**DEMOGRAPHIC INFORMATION:**

Male                       Female

Date of Birth: \_\_\_\_\_

Name of optometry school where O.D. degree was received: \_\_\_\_\_

Date of graduation: \_\_\_\_\_ Year original license obtained: \_\_\_\_\_

**APPLICATION FOR  
POSTGRADUATE MEMBERSHIP**  
For the 2011 Membership Year

**REQUIRED INFORMATION**

\* Name of school currently attending: \_\_\_\_\_

\* Location of school: \_\_\_\_\_  
(City and State)

\* Degree(s) sought or program of study undertaken: \_\_\_\_\_

\* Name of current residency program: \_\_\_\_\_

\* Name of current internship program: \_\_\_\_\_

\* Expected graduation date of postgraduate course or completion of residency or internship program: \_\_\_\_\_

\* List state(s) in which you are interested in setting up practice: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*Application cannot be processed or approved without this information.**

**VERIFICATION OF FULL-TIME STUDENT STATUS. APPLICATION CANNOT BE PROCESSED WITHOUT PROPER SIGNATURE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Designated School, Residency, Faculty or State Board official.

Submit completed form to AOA Dues Accounting, 243 N. Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881 or by e-mail to [DuesAccounting@aoa.org](mailto:DuesAccounting@aoa.org). A copy of the approved form will be returned to you upon processing.

**FOR AOA USE ONLY**

AOA I.D. Number: \_\_\_\_\_ Approved By/Date: \_\_\_\_\_

Comments: