



American Optometric Association, Attn: Dues Accounting
 243 North Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881
 (800) 365-2219
 Fax: (314) 983-7301
 E-mail: DuesAccounting@aoa.org
 Web site: www.aoa.org

**APPLICATION FOR
 ASSOCIATE MEMBERSHIP
 IN THE
 AMERICAN OPTOMETRIC ASSOCIATION
 INTERNATIONAL
 2012**

Effective January 1, 2012, the annual dues for an associate membership are \$418.50. Annual dues will be prorated for the year joined as determined by the effective date of membership. The effective date of membership is the date the application is signed by the applicant. **All dues must be paid in U.S. dollars and must be paid in full at the time application for membership is made.**

ALL INFORMATION MUST BE COMPLETED IN FULL TO PROCESS APPLICATION

NAME:

First	Middle Initial	Last	Suffix (Jr., Sr., II, etc.)
-------	----------------	------	-----------------------------

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

CONTACT INFORMATION:

E-Mail Address: _____

Home Address:

Business Address:

Country: _____ Country: _____

Indicate address to which mail should be sent: Business address Home address

DEMOGRAPHIC INFORMATION:

Male Female

Date of Birth: _____

List all education and training received, both formal and informal:

Date Attended	School or Institution	Location of School or Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

Degrees, titles, diplomas or certificates you have earned: _____

Are you licensed or registered by law?

Yes. List in what country, state or province: _____

No. List and describe authority under which you are permitted to practice:

In what year did you begin to practice optometry? _____

Are you eligible to provide and receive payment for optometric (ophthalmic) services in health or ophthalmic service programs approved, sponsored, or chartered by your government? Yes No If no, explain why not. _____

If possible, list the name and address of an AOA member who knows your qualifications and your mode of practice.

Have you been a member of the AOA previously? Yes No

If yes, please provide years of membership and/or AOA I.D. number, if known: _____

**APPLICATION FOR ASSOCIATE MEMBERSHIP – INTERNATIONAL
PROCESSING OF APPLICATION AND SUBMITTING OF DUES**

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

1. A photograph of the front outside view of your place of practice. **No application will be approved without this.**
2. If you own or participate in more than one optometric office or optical establishment, provide a similar photograph of each.
3. A sample of your business or professional card.
4. A sample of your letterhead.
5. Payment of appropriate dues amount as determined below by the effective date of membership:

Indicate effective date of membership:

- | | | | |
|------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Full Year | Annual dues are \$418.50 for year joined | <input type="checkbox"/> July | Annual dues are \$174.38 for year joined |
| <input type="checkbox"/> January | Annual dues are \$383.63 for year joined | <input type="checkbox"/> August | Annual dues are \$139.50 for year joined |
| <input type="checkbox"/> February | Annual dues are \$348.75 for year joined | <input type="checkbox"/> September | Annual dues are \$104.63 for year joined |
| <input type="checkbox"/> March | Annual dues are \$313.88 for year joined | <input type="checkbox"/> October | Annual dues are \$69.75 for year joined |
| <input type="checkbox"/> April | Annual dues are \$279.00 for year joined | <input type="checkbox"/> November | Annual dues are \$34.88 for year joined |
| <input type="checkbox"/> May | Annual dues are \$244.13 for year joined | <input type="checkbox"/> December | Annual dues are \$0.00 for year joined |
| <input type="checkbox"/> June | Annual dues are \$209.25 for year joined | | |

Indicate method of payment:

- Check drawn on a U.S. bank in U.S. dollars made payable to the American Optometric Association
 VISA/MasterCard/AMEX (circle one):

Account No.: _____ Exp. Date: _____

Renewals are automatically invoiced by AOA in January. An application is not required for a renewal of membership. Payments to AOA are not deductible as charitable contributions for U.S. Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

I hereby apply for associate membership in the American Optometric Association. I understand that the American Optometric Association may deposit the enclosed dues payment pending consideration of this application and, in the event the application is not approved, the sole obligation of the American Optometric Association will be the prompt refund of the dues tendered herewith. In accordance with Article 1. Membership Section 1.K (a) of the AOA Bylaws, the application for membership must be approved by the AOA Board of Trustees, or the AOA Secretary-Treasurer as their designee.

Signature of Applicant

Date (Effective Date of Membership)

Mail application, required documentation and dues payment to the American Optometric Association, Attn: Dues Accounting, 243 N. Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881. Once approved and processed, you will receive by mail your AOA Membership Card and AOA Membership Certificate.

FOR AOA USE ONLY

AOA I.D. Number: _____ Date Approved/By: _____

Comments: