



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

**APPLICATION FOR  
 POSTGRADUATE MEMBERSHIP  
 IN THE  
 AMERICAN OPTOMETRIC ASSOCIATION  
 For the 2012 Membership Year**

Affiliated Association: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_

**Applications must be submitted on an annual basis. All information must be completed in full to process application.** 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. A copy of the approved form will be returned to you upon processing.

**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: \_\_\_\_\_ Current Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

Indicate address to which mail should be sent:  Permanent address  Current 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: \_\_\_\_\_

**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.

**FOR AOA USE ONLY**

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