

APPLICATION FOR SECTION MEMBERSHIP

Annual Dues Per Section

CHECK THE APPROPRIATE CATEGORY FOR EACH SECTION YOU WISH TO JOIN

(Please note: AOA Membership is a prerequisite for Section membership.)

Section	Contact Lens and Cornea	Low Vision Rehabilitation	Sports Vision	TOTAL
Students and Residents	<input type="checkbox"/> \$0+	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$0	\$
In Practice Licensed ≤1 yr.	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$25.00	\$
In Practice Licensed 1-2 yrs.	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	\$
Retired/ Partial Practice** O.D.	<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$10.00**	<input type="checkbox"/> \$15.00**	<input type="checkbox"/> \$25.00**	\$
Associate Member	N/A	<input type="checkbox"/> \$25.00	N/A	\$
Active O.D.	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$75.00	\$
Allied Personnel/ Professionals	<input type="checkbox"/> \$50.00 (+)	N/A	<input type="checkbox"/> \$50.00 (+)	\$
Paraoptometric	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	N/A	\$

+ CLCS student membership free, courtesy of a grant from CIBA Vision.

(+) Allied Personnel/ Professionals are welcome to join the CLCS and SVS, but in keeping with the AOA CLCS and SVS Bylaws, must be sponsored by a current CLCS or SVS member, respectively.

** Is in accord with AOA's partial practice guidelines and member dues status.

PLEASE PRINT OR TYPE

Name: _____
(Last)
(First)
(Middle)
(Member ID No.)

Business Address/Mailing Address: _____
(Street)

(City)
(State)
(Zip)

Office Phone: _____ Fax: _____ e-mail: _____

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

For Allied Members: _____
(Member Sponsor)

I hereby make application for membership in the AOA section(s) indicated above.

Enclosed please find my check payable to the American Optometric Association for my Section dues.

Please charge my dues to my _____ MasterCard _____ Visa _____ American Express

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.

(Card Number)
(Expiration Date)

(Signature)
(Date)

Please mail completed application to the American Optometric Association, Attention: Sections, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881, or Fax to (314) 991-4101.