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| **2022**  **APPLICATION**  **FOR**  **RETIRED**  **MEMBERSHIP**  **(WITH OR WITHOUT BENEFITS)**  **\_\_\_\_\_\_\_\_\_\_\_**  **RETURN COMPLETED APPLICATION BY MAIL OR EMAIL TO:**  American Optometric  Association  ATTN: Dues Accounting  243 N. Lindbergh Blvd, Floor 1  St. Louis, MO 63141  Phone: 800.365.2219  Email: DuesAccounting@aoa.org  **\_\_\_\_\_\_\_\_\_\_\_**  PLEASE NOTE:  *This form is to be used* ***ONLY*** *when adding a member transferring from another affiliate that meets the classification requirements for* **Retired With or Without Benefits status.**  *Current members requesting a change in classification to Retired With or Without Benefits must be submitted using the* ***Notification of Change form during the open enrollment period of January 1 through April 30\*.*** *The approved form will be returned upon processing.*  \*If the April 30 deadline falls on a weekend, the deadline is extended to the first Monday following the deadline. | **AFFILIATE OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Affiliate Association:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | **Prepared By:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | |  | | |
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| **Comments:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MEMBERSHIP INFORMATION**  Member is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Reinstated | | | | | | | | | | | | | | | | | | | Transferring from: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| AOA ID Number: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| First Name: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Middle Initial: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Suffix (Jr., Sr., etc.): | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | Designations (OD, PhD, etc.): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Former / Maiden Name: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **CONTACT & DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | City: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | |  | | | | | | | Zip: | | | | | | |  | | | | | | | | | | |
|  | Phone: | | | | | | | | | | | | (     )      - | | | | | | | | | | | | | | | | | | | | | | |  | | | Cell: | | | | | | | | | (     )      - | | | | | | | | | | | | | | | | | | | | | | |
|  | | Email: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gender: | | | | | | | | | | Male | | | | | | | | | | | | | | Female | | | | | | | | Choose Not to Disclose | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | |  | | | |
| Marital Status: | | | | | | | | | | | | | | | | Single | | | | | | | | | | | | | Married | | | | | | | | | | | | | Divorced | | | | | | | | | | | | | | Widowed | | | | | | | | | | | mm / dd / yyyy | | | |
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| Name of Spouse: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Ethnicity / Race: | | | | | | | | | | | | | | | | | | | | | Hispanic / Latino origin? | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | and / or | | | | | | | | | | | |
|  | | | | White | | | | | | | | | | Black / African-American | | | | | | | | | | | | | | | | | | | | Asian | | | | | | | | | | | | | Native American | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | Alaska Native / Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| NPI Number: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Army | | | | | | | | | | | | Marine Corps | | | | | | | | | | | | | | | | Navy | | | | | | | Air Force | | | | | | | | | | | | | | | | Coast Guard | | | | | | | | | | | | | National Guard | | | | | | |
| Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Active | | | | | | | | | | | | | | | | | | Inactive | | | | | | | | | | | | | Reserves | | | | | | | | | | | | | | | | | | | Retired | | | | | | | | | | | | | | |  | | | | | |
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| Optometry School Attended: | |  | | | | | | | Year of Graduation: | | | |  |
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| Licenses Obtained: | |  | | | | | | |  | | | | |
| State: |  | | | | Year: |  | | |  | | | | |
| State: |  | | | | Year: |  | | |  | | | | |
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| **DETERMINATION OF ELIGIBILITY** | | | | | | | | | | | | | |
| Is the member age 55 or older? | | | | | | | | | | | | Yes  No | |
| Is the member no longer engaged in compensated optometrically related activities? | | | | | | | | | | | | Yes  No | |
| Was the member a current member for a previous year prior to applying for retired status? | | | | | | | | | | | | Yes  No | |
| **If the answers to the above questions are YES, then the member meets the qualifications for retired membership. If any of the above answers is NO, the member does NOT meet the requirements and is NOT eligible for retired membership.** | | | | | | | | | | | | | |
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| **ANNUAL DUES OBLIGATION** | | | | | | | | | | | | | |
| **Dues schedule can be found at bottom of Application.**  *No method of proration other than monthly as listed on the dues schedule is allowed. Members who have dropped and reinstated membership in the same calendar year with the same affiliate must pay* ***full year dues****.* | | | | | | | | | | | | | |
| **Indicate appropriate retired classification:** | | | | WITH BENEFITS | | | | WITHOUT BENEFITS | | | | | |
|  | | | |  | | | | | |  | | | |
| Effective Month of Membership | | |  | | | | Annual Dues: | | | | $ | | |

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| **AOA OFFICE USE ONLY** | | | | | | | | | | |
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| AOA ID Number: | | | |  | | Processed by: | |  | Date: |  |
| Dues Assessed: | | | | | $ | |  | | | mm / dd / yyyy |
| Comments: | | |  | | | | | | | |
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| **2022 ANNUAL DUES OBLIGATION SCHEDULE** |

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|  | **With Benefits** | **Without Benefits** |
| **Effective Month:** |  |  |
| January | $100.00 | $0.00 |
| February | $91.67 | $0.00 |
| March | $83.33 | $0.00 |
| April | $75.00 | $0.00 |
| May | $66.67 | $0.00 |
| June | $58.34 | $0.00 |
| July | $50.00 | $0.00 |
| August | $41.66 | $0.00 |
| September | $33.33 | $0.00 |
| October | $25.00 | $0.00 |
| November | $16.67 | $0.00 |
| December | $8.33 | $0.00 |