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| **2022**  **NOTIFICATION**  **OF CHANGE IN**  **CLASSIFICATION**  **\_\_\_\_\_\_\_\_\_\_\_**  **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 to change the membership classification of a* ***CURRENT*** *member* ***effective January 1,*** *2022. It is the affiliate’s responsibility to verify that the member meets the requirements for the new classification. Life members that do not meet the years of membership requirement cannot use this form and must submit the appropriate application because of the additional information required. Submit completed notification to AOA Dues Accounting 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Middle Initial: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Last Name: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Suffix (Jr., Sr., etc.): | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | Designations (OD, PhD, etc.): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Former / Maiden Name: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **CONTACT & DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred Mailing Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | Home  Business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | City: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | |  | | | | | | Zip: | | | | | | | |  | | | | | | | |
|  | | Phone: | | | | | | | | | | | (     )      - | | | | | | | | | | | | | | | | | | | | | | |  | | | | Cell: | | | | | | | | | | (     )      - | | | | | | | | | | | | | | | | | | |
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| Business / Practice Name: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gender: | | | | | | | | | | Male | | | | | | | | | | | | | | Female | | | | | | | | Choose Not to Disclose | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | |  | | | |
| Marital Status: | | | | | | | | | | | | | | | | Single | | | | | | | | | | | | | Married | | | | | | | | | | | | | | | Divorced | | | | | | | | | | | | | Widowed | | | | | | | | mm / dd / yyyy | | | |
|  | | | |  | | | | | | | | | | | | Partner | | | | | | | | | | | | | Unknown | | | | | | | | | | | | | | | Choose Not to Disclose | | | | | | | | | | | | | | | | | | | | | | |  | |
| Name of Spouse: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Ethnicity / Race: | | | | | | | | | | | | | | | | | | | | Hispanic / Latino origin? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | and / or | | | | | | | | |
|  | | | | | White | | | | | | | | | Black / African-American | | | | | | | | | | | | | | | | | | | | | Asian | | | | | | | | | | | | | | Native American | | | | | | | | | | | | | | |  | | | | |
|  | | | | | Alaska Native / Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | | Other | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 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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| **CLASSIFICATIONS & ANNUAL DUES REQUIRED** | | | | | | | |
| **ACTIVE** | | | | | | | $972.00 |
| **LIFE** | | *has completed 45 years of membership with AOA* | | | | | $ 0.00 |

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| **OPTOMETRIC EDUCATOR** | *Full-time educator at an ACOE-accredited school or college; member does not engage in the practice of optometry for more than 16 hours a week. Please indicate school/college of employment. If the employed by school/college is not shown in list below, member is not eligible for this classification.* | $486.00 |

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| Ferris State University Michigan College of Optometry, Big Rapids, MI  Illinois College of Optometry, Chicago, IL  Indiana University, School of Optometry, Bloomington, IN  Inter American University of Puerto Rico, School of Optometry, Bayamon, PR  MCPHS University School of Optometry, Worcester, MA  Midwestern University Arizona College of Optometry, Glendale, AZ  New England College of Optometry, Boston, MA  Northeastern State University Oklahoma College of Optometry, Tahlequah, OK  Nova Southeastern University, College of Optometry, Ft. Lauderdale, FL  Pacific University, College of Optometry, Forest Grove, OR  Pennsylvania College of Optometry at Salus University, Elkins Park, PA  Southern California College of Optometry at Marshall B. Ketchum University, Fullerton, CA  Southern College of Optometry, Memphis, TN  State University of New York College of Optometry, New York, NY  The Ohio State University, College of Optometry, Columbus, OH  University of Alabama at Birmingham, School of Optometry, Birmingham, AL  University of California, Berkeley, School of Optometry, Berkeley, CA  University of Houston, College of Optometry, Houston, TX  University of Missouri-St. Louis, College of Optometry, St. Louis, MO  University of Montreal, Ecole d Optometrie , Montreal, QC, Canada  University of the Incarnate Word Rosenberg School of Optometry, San Antonio, TX  University of Waterloo, School of Optometry and Vison Science, Waterloo, ON, Canada  Western University of Health Sciences College of Optometry, Pomona, CA  Midwestern University Chicago College of Optometry, Downers Grove, IL  University of Pikeville, Pikeville, KY | | |
| POSITION HELD: | | |
| Assistant Professor | Clinical Instructor | Lecturer |
| Associate Professor | Professor | Professor Emeritus |
| Clinical Asst. Professor | Dean | Research Faculty |
| Clinical Associate Professor | Associate Dean | (no teaching responsibilities) |

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| **PARTIAL PRACTICE** | | *Works 16 hours or less per week in compensated optometrically related activities* | | | | | | $583.20 |
| **POST-GRADUATE** | | *Resident or intern in an ACOE-accredited or pre-accredited program* | | | | | | $ 35.00 |
|  | SCHOOL AFFILIATION: | | |  | | | | |
|  | RESIDENCY SITE NAME: | | |  | | | | |
|  | RESIDENCY CITY / STATE: | | |  | | | | |
|  | RESIDENCY BEGIN DATE (MONTH/YEAR): | | |  | | | | |
|  | RESIDENCY END DATE (MONTH/YEAR): | | |  | | | | |
|  | CURRENT RESIDENCY, INTERNSHIP OR GRADUATE PROGRAM: | | | | |  | | |
|  | Brain Injury | | Family Practice | | Low Vision Rehab | | Primary Eye Care | |
|  | Community Health | | Geriatric Optometry | | Ocular Disease | | Refractive Surgery | |
|  | Cornea & Contact | | Hospital Based Care | | Pediatric Optometry | | Vision Therapy & Rehab | |
| **RETIRED (WITH BENEFITS)** | | *Age 55 as of January 1 and no longer compensated for optometrically related activities* | | | | | | $100.00 |
| **RETIRED (WITHOUT BENEFITS)** | | *Age 55 as of January 1 and no longer compensated for optometrically related activities* | | | | | | $ 0.00 |
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| **AOA OFFICE USE ONLY** | | | | | | | | | | |
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