



# Arizona Optometric Association

1702 East Highland, Ste. 213, Phoenix, Arizona 85016

P: (602) 279-0055 FAX (602) 264-6356

E: [azoa@azoa.org](mailto:azoa@azoa.org) W: [www.azoa.org](http://www.azoa.org)

## 2019 OD MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AOA# \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employed By or Associated With: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Where would you like to receive correspondence (Circle One)** Home Office

Date Licensed in Arizona: \_\_\_\_\_ Arizona License Number: \_\_\_\_\_

Did you serve a residency- if so where: \_\_\_\_\_ Date: \_\_\_\_\_

Other States & Dates Licensed: \_\_\_\_\_ Date: \_\_\_\_\_

Optometry School Graduated From: \_\_\_\_\_ Date: \_\_\_\_\_

Year Original License Obtained: \_\_\_\_\_ Other Degrees: \_\_\_\_\_

Realizing the benefits to be derived from organized optometry, I hereby apply for membership in the Arizona Optometric Association and the American Optometric Association, and upon approval, I will abide by their constitution, by-laws and policy manual and agree to pay all dues and assessments promptly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to: Arizona Optometric Association – 1702 East Highland, Ste 213, Phoenix, AZ 85016, or you may pay by credit card in the space provided below.

Credit Card Number \_\_\_\_\_ Exp: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_ Zip: \_\_\_\_\_ V-Code (required) \_\_\_\_\_

### PLEASE CIRCLE ONE OPTION BELOW:

1 <sup>st</sup> Year OD – Graduated in 2018	Annually \$ 175.50	Qtr. \$ 43.88	<b>FULL RETIREMENT</b>	\$200.00 / Year
2 <sup>nd</sup> Year OD – Graduated in 2017	Annually \$ 351.00	Qtr. \$ 87.75	<b>OUT OF STATE</b>	\$100.00 / Year
3 <sup>rd</sup> Year OD – Graduated in 2016	Annually \$ 877.50	Qtr. \$ 219.38	<b>STUDENT</b>	No Charge
4 <sup>th</sup> Year OD – Graduated in 2015	Annually \$ 1316.25	Qtr. \$ 329.06	<b>AZOA/AFOS</b>	\$100.00 / Year
5 <sup>th</sup> Year + OD – Graduated in 2014	Annually \$ 1755.00	Qtr. \$ 438.75		

Email JoAnne at [joanne@azoa.org](mailto:joanne@azoa.org) for our monthly payment options

### PARTIAL PRACTICE MEMBERSHIP

1 Day or less per week	(60% of AOA dues + 20% of AZOA dues)	Annually \$735.00	Qtr. \$ 183.75
2 Days or 16 hrs per week	(60% of AOA dues + 40% of AZOA dues)	Annually \$894.00	Qtr. \$ 223.50
2-3 Days per week	(100% of AOA + 60% of AZOA of dues)	Annually \$1437.00	Qtr. \$ 359.25
3 + days per week	Full Membership		