



American Optometric Association

**MEMBERSHIP APPLICATION**

Name (First, Middle or Maiden, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

/ /

Telephone Numbers: Home \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

Type of Practice: Solo: \_\_\_\_ Associate: \_\_\_\_ Employee: \_\_\_\_ Partner: \_\_\_\_

/ /

Date of Graduation from Optometry School \_\_\_\_\_ License # \_\_\_\_\_

Name of Optometry School \_\_\_\_\_

Name of Undergraduate College \_\_\_\_\_

Additional Degrees and/or School \_\_\_\_\_ OR List Military Affiliation Here \_\_\_\_\_

Spouse Name \_\_\_\_\_

The Mississippi Optometric Association requires that one-quarter of the annual dues is submitted with your membership application. Please forward \$ \_\_\_\_\_ which is one fourth of the total annual dues.

I hereby apply for membership in the Mississippi Optometric Association, I have read the By-Laws of said corporation and agree to abide by it.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_