



MEMBERSHIP APPLICATION: TENNESSEE OPTOMETRIC ASSOCIATION

In making this application for membership in the TOA, I hereby accept and pledge myself to uphold the Constitution & By-Laws, and further to assist in carrying out the objective of the Tennessee Optometric Association.

Signature _____

Please Print Application

Date: _____

PERSONAL INFORMATION

Name: _____ (First) (Middle) (Last) (Suffix)

Designations (O.D., Ph.D., etc.)

Maiden Name (if applicable)

Check appropriate reason for application:

- checkbox New Member I was referred to membership by: (TOA Member Name)
checkbox Reinstate Membership
checkbox Transfer from other state (list state)

Check appropriate membership type: (Contact the TOA if you are applying for membership status not listed below)

- checkbox TOA & AOA Member (Practicing full-time working more than 3 days per week)
checkbox Faculty (Working full time at a College of Optometry-additional paper work will be mailed for completion)
checkbox Partial Practice (Per week): checkbox Working one day or less checkbox Working 1-2 days checkbox Working 2-3 days
checkbox Military checkbox Affiliated through AFOS not on active duty checkbox Affiliated through AFOS on active duty
checkbox Resident (List year(s) enrolled in Residency Program)
checkbox Out of State (primary practice is located outside of Tennessee)

CONTACT INFORMATION:

HOME ADDRESS

Home Address:
City: State: Zip Code:
Phone #:
E-mail:

PRIMARY WORK LOCATION

Street Address:
City: State: Zip Code:
Phone #: () : Fax #: ()

Please Send TOA Mail To: checkbox Home Address checkbox Work Address
May we contact you by E-mail: checkbox Yes checkbox No *Preferred method of contact: checkbox Mail checkbox E-mail checkbox Both

PROFESSIONAL & DEMOGRAPHIC INFORMATION:

checkbox Male checkbox Female Date of Birth: Marital Status: checkbox Single checkbox Married
Name of Spouse (if applicable): (Professional title if any)
Name of Optometry School Attended
Year of graduation Year original license obtained
List other states licensed in:
Indicate practice specialty:
Indicate area(s) of interest: checkbox Contact Lens checkbox Low Vision checkbox Sports Vision checkbox Other