

CALIFORNIA OPTOMETRIC ASSOCIATION

BECOME A MEMBER TODAY!

NEW PRACTITIONER PRIORITY MEMBERSHIP FOR 4TH YEAR STUDENTS

Eligibility in the California Optometric Association requires a doctor of optometry degree from a school or college that has been accredited or pre-accredited by the Accreditation Council on Optometric Education. Your membership application for PRIORITY MEMBERSHIP is an agreement that COA will automatically process your membership fully with AOA, COA and the local society as soon as we are notified of your graduation from optometry school or your completion of a post-grad/residency program. The ascending dues scale will go into effect as soon as the application is active.

Date of Application: _____

Name: _____

PROFESSIONAL DATA

School of Optometry: _____ Year of Graduation: _____

Will you attend a Post-Graduate/Residency Program? No Yes Year to be completed: _____

Post-Graduate/Residency Program Name & Location: _____

HOME/MAILING ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

WORK ADDRESS (IF AVAILABLE)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Company Name (optional): _____ Practice/Office Web Site: _____

DEMOGRAPHICS

Optional

Date of Birth: _____ [mm/dd/yy]

Gender: Male Female

Marital Status: Single Married Widowed Divorced

Name of Spouse (if applicable): _____ If your spouse is an OPTOMETRIST, list his/her license #: _____

Ethnicity: African-American Asian/Pacific Islander Caucasian East Indian/Asian- American Hispanic
 Middle Eastern Native American Other: _____

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MEMBER PREFERENCES

Find An Eye Doc is a free listing offered to COA member optometrists. It is an online locator service for the general public to use in searching for an optometrist in their area.

YES! Please include my office information in this listing.

News Delivery: COA produces a monthly bulletin, COA Member News, a bi-monthly magazine, California Optometry, and the Membership and Government Affairs Weekly notices.

Would you like to receive these informative emails from COA? Yes No

Text Messaging: COA may use text messaging to notify you of upcoming events, meeting, or opportunities.

Please provide a cell phone number if you authorize COA to send you texts: _____

Online Membership Directory: Basic contact information will be included in a directory for COA members only.

I DO NOT WISH my contact information to be available in the online directory

PAYMENT INFORMATION

Optional

- All new graduates are exempt from dues for the balance of 2015.
- Residents are assessed \$35 annual dues on 1/1/16 for AOA membership/COA dues are waived.
- New professional members will be placed on level 2 of the ascending dues scale beginning 1/1/16 and will be asked to pay 10% of AOA, COA and local society dues.

CREDIT CARD OPTIONS

- Yes, I authorize COA to charge my credit card for my full annual COA membership dues.
- Yes, I authorize COA to charge my credit card for my COA membership dues in quarterly installments equal to one fourth of my total annual dues. (Charges will be in Jan, Apr, July and Sept)
- Yes, I authorize COA to charge my credit card for my COA membership dues in monthly installments equal to one twelfth of my total annual dues. (Charges will be on the 10th of each month)

Visa MasterCard American Express Discover

Business Personal Credit Card # _____ CVC _____ Expiration Date: _____

Name on Card: _____ Business Name (if applicable): _____

Billing Street Address: _____ City, State, Zip Code: _____

Signature: _____ Date: _____

APPLICANT:

Please sign and forward to COA for processing.

I hereby apply for membership in the California Optometric Association, the American Optometric Association and the (local) _____ Optometric Society.
 I will abide by their bylaws, Code of Ethics, and agree to pay all dues and assessments promptly.

Signature: _____ Date: _____